Bend-La Pine Schools

Protocols and Procedures for Management of Concussions

2023 UPDATE

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Introduction and Case Law

Bend-La Pine Schools (also referred to as the "District") has established the Protocol for Procedures for Management of Concussions ("Protocol") to educate and guide persons who train members of the school team, including school staff, volunteers, and contract coaches/instructors ("Coaches") and certified athletic trainers ("AT"), in the treatment and management of student concussions and in compliance with:

> Max's Law: Max's law (OAR 581-022-0421) requires Oregon school districts to implement new concussion management guidelines for student athletes in 2010–2011.
>
> Jenna's Law: Jenna's Law (Oregon Senate Bill 721) requires sports leagues or non-school athletic teams to educate children over 12 and adults who are involved in their teams in recognizing and handling concussions.
>
> Oregon House Bill 4140: Oregon House Bill 4140 requires the Department of Education develop a form for public education programs to use when a student has been diagnosed with a concussion or other brain injury.
>
> Oregon Revised Statutes 336.485: Training of coaches, participation by athletes, medical release from qualified health care professional, and rules. "Health Care Professional" include: MD Medical Doctor; DO Doctor of Osteopathy; PA Physician's Assistant licensed by the Oregon State Board of Medicine; NP Nurse Practitioner licensed by the Oregon State Board of Nursing; Psychologist licensed by the Oregon Board of Psychologist Examiners.
>
> Oregon Administrative Rule 581-022-0421: Oregon Department of Education Safety of School Sports-Concussion Guidance Document.

This Protocol outlines procedures for staff to follow in managing brain injuries and outlines school policy as it pertains to a student's resumption of activities, return to school, and/or return to play/sports (including games, practice, or conditioning), following a concussion.

Bend-La Pine Schools seeks to provide a safe environment for all students to "Return to School" and/or "Return to Play" after injury. In order to manage concussions, procedures have been developed to aid effectively and consistently in ensuring that concussed students/athletes are identified, treated, referred appropriately, receive proper follow-up medical care during the school day, including academic assistance, and are fully recovered and returned to school with no academic accommodations prior to "Return to Play".

Recognition of Concussion

For purposes of the Protocol common signs and symptoms of concussions ("Signs Symptoms" or "Symptomatic") include:

Signs (observed by others):

- Student appears dazed
- Confusion (about assignment, days of week, plays, etc.)
- Forgets instruction or plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after the injury
- Loss of consciousness ("LOC") for any duration
- Seizures

Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise/ringing in ears
- Feels sluggish
- Feels "foggy"
- Problems concentrating
- Problems remembering

These signs and symptoms identified above are indicative of probable concussion. Other causes or symptoms should also be considered.

OSAA School Sports Related Concussion Injury Protocols

These protocols include baseline testing, participation, and response guidelines, return to play procedures, and return to school procedures.

Baseline Testing

High school athletes participating in an identified "High Risk" Oregon School Activities Association (OSAA) sport will be offered a baseline test prior to participating in the sport. These baseline tests are administered by the AT and are performed at the school. Baseline tests are obtained every two years, typically in the freshman and junior years of high school.

All athletes in their junior year will be required to take a "new" baseline test prior to participating in a "High Risk" sport. Only one baseline test is required for all "High Risk" sports in which the athlete participates.

NOTE: Per OSAA, "High Risk OSAA Sport" includes football, girls' soccer, boys' soccer, boys' basketball, girls' basketball, wrestling, cheerleading, and alpine skiing.

Participation and Response Guidelines

Athletes experiencing/exhibiting signs and symptoms of concussion will be removed from participation immediately. The athlete shall be evaluated by the athletic trainer or concussion team member (Coach) and then referred to a health care professional or emergency room.

Athletes experiencing a witnessed loss of consciousness of any duration, loss of consciousness, vomiting or seizure should be transported immediately to the nearest hospital emergency department via emergency vehicle.

Any athlete who has signs and symptoms, and who is not stable (i.e., condition is persisting or deteriorating), must be transported immediately to the nearest hospital emergency department via emergency vehicle.

An athlete who is symptomatic, but stable, may be transported by his/her parent/guardian. The parent/guardian should be advised to consult with a healthcare professional or seek care at the nearest hospital emergency department.

NOTE: Always advise parents/guardians the option of emergency transportation, even if you do not feel it is necessary.

Return to Play Procedures

Management and referral guidelines for staff procedures for concussion management include cognitive impairment testing and neurocognitive testing:

Cognitive Impairment Testing

Cognitive Impairment Testing (altered or diminished cognitive function) with **Athletic Trainer present**:

> Athletic Trainer will do a sideline assessment. General cognitive status can be determined by simple sideline cognitive testing with SCAT-5 (See Resources).

Cognitive Impairment Testing (altered or diminished cognitive function) with **Athletic Trainer not present**:

> Coach can perform testing using the Coaches Concussion Management Team (CMT) Report Form (See Resources).

Neurocognitive Testing

Neurocognitive testing shall be utilized by Athletic Trainers (sideline assessment) to help determine recovery after concussion. General cognitive status can be determined by a sideline cognitive test utilizing either Sway or the SCAT-5 tool. Comparisons of results are made to baseline testing or if baselines aren't available, then to age matched controls.

Neurocognitive Testing can evaluate multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time and post-concussion symptoms.

OSAA School Sports Return to Play Procedure

School Certified Athletic Trainer Expectations

Following a suspected concussion, the Oregon Health Licensing Board requires that a certified athletic trainer (AT) assess the injury or provide guidance to the coach(es) of the sport the athlete is currently participating in ("Sport Coach") if unable to personally attend to the athlete. Coach instructions follow in next section.

Post-Injury Neurocognitive Testing

- The AT is responsible for administering the post injury neurocognitive test. The testing will be performed within 72 hours if there is a question regarding diagnosis of concussion. Otherwise, the post injury test will be performed at the time the concussion symptoms resolve.
    - The AT will perform serial assessments following recommendations in the NATA Position Statement SCAT-5 assessment tool.
- The AT will maintain appropriate computerized documentation regarding assessment and management of the injury.
- The AT will notify the athlete's parents/guardians and give written and verbal home and follow-up care instructions.
    - The AT will review the post-concussion test data with the athlete and the athlete's parent/guardian; and
    - Athletes and parents/guardians sign a release for treatment and coordination of care to include the school nurse, CMT, and administrators as a part of their sport packet before playing sports.
- The AT will refer to a health care professional when medically appropriate; and
    - The AT will forward testing results to the athlete's health care professional, with parent/guardian permission and a signed Authorization to Use and/or Disclose Information Educational and Protected Health Information Form, and (See Resources).
- The AT will notify the school nurse or Concussion Management Team, per OAR 581-022-0421 (CMT) at the athlete's school of the injury, within the next school day, so they can initiate appropriate follow-up care/recommended accommodations by the health care provider upon the athlete's return to school.
    - The AT will continue to provide coordinated care with the school nurse or CMT for the duration of the injury/recovery; and
    - The school nurse or CMT will communicate with the athlete's guidance counselor regarding the athlete's neurocognitive and recovery status if needed; and
    - The AT will monitor the athlete and keep the school nurse or CMT informed of the student's symptomatology and neurocognitive status, for the purposes of modifying the recommended concussion accommodation guidelines from the health care provider as appropriate for the student.

Coach Expectations

When a concussion is suspected, coaches shall follow the general principles of Recognize, Remove, Refer, and Return.

Recognize Concussion Signs and Symptoms

- Use of Coaches/CMT Concussion Report Form (See Resources) to record signs and symptoms, copy should be given to parent/guardian at the time of the incident.

Remove from Activity

- If a coach suspects the athlete has sustained a concussion, the athlete shall be removed from activity immediately and for the day.
    - Any athlete who exhibits signs and symptoms following an observed or suspected blow to the head or body will be removed immediately from participation, assessed, and will not be allowed to return to participation that day.

Refer the Athlete for Medical Evaluation

- Coaches shall report all head injuries to the AT, CMT, or school nurse within the next school day or sports activity (whichever comes first) for medical assessment and management, for coordination of instructions and follow-up care.
- Coaches should seek assistance from the host site AT if at an away contest.
- If the AT is unavailable, or the athlete is injured at an away event, the sport coach is responsible for:
    - Contacting the athlete's parent/guardian to inform them of the injury and to plan for them to pick-up the athlete.
    - Providing the AT, CMT, or school nurse with the athlete's name and phone number so that the AT, CMT, or school nurse can initiate follow-up. Additional copies are available from the AT.
    - Reminding the athlete to report directly to the school nurse or CMT before school starts on the day the student returns to school after the injury.
- In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home:
    - The AT or coach should ensure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
    - The AT or coach should continue efforts to reach the parent/guardian.
    - If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department at the nearest hospital for evaluation. The AT or coach should accompany the athlete and remain with the athlete until the athlete's parent/guardian arrives.
    - Athletes exhibiting signs and symptoms of a concussion are not permitted to drive themselves home.

Return to Play After Suspected Concussion

- Following a concussion, the athlete will not be permitted to Return to Play until they have completed the following steps in this subsection until the athlete:
    - No longer exhibits signs, symptoms, or behaviors consistent with a concussion at rest and with exertion (including mental exertion in school).
    - Is participating in full school hours and classroom activities without accommodations, except for the need for more time for makeup work.
    - Has a valid baseline test and is within normal range of baseline on post-concussion neurocognitive testing.
    - Does not have a baseline, then is testing within a range consistent with their academic performance and compared to age matched controls.
- And the athlete has:
    - OSAA Concussion Return to Participation Medical Release Form; and
    - Completed and signed by a health care professional. (See Resources); and
    - Graduated Return-to-Sport (RTS) Strategy (See Resources)

Progression will be monitored by the AT.

Training

- All coaches shall receive annual training (no less than once every twelve months), prior to initiation of the season for the sport in which that coach instructs or trains, to learn how to recognize the symptoms of a concussion.
    - Each school in the district that sponsors athletics shall annually develop a list of all coaches, identify the resources to be used to provide the training, develop training timelines for all coaches, and document that each coach completes the training.
        - Annual training will be tracked and documented annually by the school athletic director in the NFHS learning center and the OSAA website.
- Annual training shall include training on the following topics:
    - Training in how to recognize the signs and symptoms of a concussion.
    - Training in strategies to reduce the risk of concussions.
    - Training in how to seek proper medical treatment for a person suspected of having a concussion.
    - Training in procedures of how an athlete may safely return to participation.

Return to School Procedure for All Students

Follow-Up Care of the Student During the School Day (Includes OSAA students)

Responsibilities of the school nurse or CMT after notification of a student's suspected concussion.

The student will be instructed to report to the school nurse or CMT for Return to School procedures; and

For all students: The Mild TBI/Concussion Temporary Accommodations Plan Form (Appendix E) for all students.

- Refer to health care professional recommendations for rest periods.
- Students should return to light activity following concussion guidelines.
- The school nurse or CMT will supervise the "Return to School" progression and determine the athlete's status in the progression with physician recommendations.
- The AT or CMT will supervise the "Return to Play" and determine the athlete's status in the progression with health care provider recommendations.
- The AT or CMT and athlete will discuss appropriate activities for each day the athlete participates in high school athletics. The athlete's participation will be limited to those appropriate activities until the AT or CMT instructs otherwise.
- The athlete should see the school nurse, CMT or counselor as needed for re-assessment and instructions until he/she has progressed to the *"Return to Play"* progression.
- The athlete should see the AT or CMT member as needed for re-assessment and instructions until he/she has progressed to unrestricted activity and received written clearance for *"Return to Play"*. No additional testing is required once cleared to play.

For OSAA athletes and athletes participating in a Bend-La Pine Schools sponsored sport: In addition to the Mild TBI/Concussion Temporary Accommodations Plan Form (Appendix E), the OSAA Concussion Return to Participation Form (Appendix D) will need to be completed by the health care professional. It is the expectation that coaches who coach athletes participating in a Bend-La Pine Schools sponsored sport follow the OSAA Graduated, Stepwise Return-to-Participation Progression as noted on the OSAA Concussion - Return to Participation Medical Release Form.

- The AT should be notified if the school nurse or CMT receives notification of a concussion from someone other than the AT.
- Refer to health care professional recommendations for rest periods.
- Students should return to light activity following concussion guidelines.

- No additional testing is required once cleared to play.

Notify the student's guidance counselor and teachers of the injury and that a concussion accommodation plan has been developed. The student's physical education teacher should be notified that the athlete is restricted from physical activity until further notice from the school nurse or CMT. Should a student require academic support, educators will be provided strategies that may help the concussed student succeed in the recovery process.

Responsibilities of the student's guidance counselor.

- Monitor the student closely and recommend appropriate academic accommodations (refer to Mild TBI/Concussion Temporary Accommodations Plan Form (Appendix E) for students who are exhibiting post-concussion symptoms.
- Communicate with the school nurse or CMT on a regular basis to provide the most effective care for the student.
- School nurse or CMT will consult with HDESD concussion coaches for students who continue to report symptoms who did not receive a medical evaluation/clearance

Participating Partners

The team members who provided input that led to the development of this Protocol are:

Sue Hayes, M. Ed
Special Program Administrator, High Desert Education Service District
Traumatic Brain Injury Liaison
Vision and TNF Supervisor

Joe Devine, M. Ed
Special Concussion Consultant, High Desert Education Service District

Dr. Melissa McCart, Ed.D.
Center on Brain Injury Research and Training, University of Oregon
Department of Psychology

Dr. Vivian Ugalde
Physical Medicine and Rehabilitation Physician, The Center

Stuart Schmidt
Program Manager/Head Athletic Trainer, The Center Foundation

Dave Williams
District Athletic Director, Bend-La Pine Schools

Tami Pike, BSN, RN
Assistant Director of Health Services, Bend-La Pine Schools

Bend-La Pine Schools Nurses
Maria Buagas, BSN, RN
Kevin Collins, BA, RN
Sarah Finney, BSN, RN
Pam Orton, MSN, RN, NBCSN
Cynthia Serra, BS, RN
Hannah Steiner, MAT, BSN, RN

Review Cycle

Given that concussion related knowledge and best practices are rapidly evolving, Bend-La Pine Schools will periodically re-evaluate and update the Protocol and Procedures for Management of Concussions. It is recommended that we Bend-La Pine Schools review the Protocol every year on May 1, for completion by June 1.

Acknowledgement

A special acknowledgement to The Center Foundation for sponsoring the athletic trainers in all Bend-La Pine High Schools. Athletic trainers' specialized scope of practice includes injury prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. These specialists attempt to make participation safer and ensure that best practices are in place.

Resources

Bend-La Pine Schools

Protocol and Procedures for Management of Concussions
2023 Review and Update

Graduated Return to Sport Strategy

Table 1 Graduated Return-to-Sport (RTS) Strategy

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills. May start progressive resistance training	Exercise, coordination, and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills
6	Return to sport	Normal game play	

NOTE: An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children), the athlete should be referred to a healthcare professional who is an expert in the management of concussion.

- McCrory P, et al. Br J Sports Med 2017;01-10. Doi10.1136/bjsports-2017-097

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SCAT-5 (Sport Concussion Assessment Tool)

BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097506SCAT5

To download a clean version of the SCAT tools please visit the journal online (http://dx.doi .org/10.1136/bjsports-2017-097506SCAT5)

SCAT5©

SPORT CONCUSSION ASSESSMENT TOOL — 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP

FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals[1]. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose.Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

1

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 1: RED FLAGS

RED FLAGS:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

STEP 2: OBSERVABLE SIGNS

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS[2]

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)[3]

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

Hospitalized for a head injury?	Yes	No
Diagnosed / treated for headache disorder or migraines?	Yes	No
Diagnosed with a learning disability / dyslexia?	Yes	No
Diagnosed with ADD / ADHD?	Yes	No
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes	No

Current medications? If yes, please list:

_____

_____

_____

_____

_____

_____

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: ☐ **Baseline** ☐ **Post-Injury**

Please hand the form to the athlete

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
Total number of symptoms:							of 22
Symptom severity score:							of 132
Do your symptoms get worse with physical activity?						Y	N
Do your symptoms get worse with mental activity?						Y	N
If 100% is feeling perfectly normal, what percent of normal do you feel?							

If not 100%, why?

_____

_____

_____

Please hand form back to examiner

3

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)[4]

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score		of 5

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

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. For 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.

List	Alternate 5 word lists					Score (of 5) Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
					Immediate Memory Score			of 15
					Time that last trial was completed			

List	Alternate 10 word lists					Score (of 10) Trial 1	Trial 2	Trial 3
G	Finger Candle	Penny Paper	Blanket Sugar	Lemon Sandwich	Insect Wagon			
H	Baby Elbow	Monkey Apple	Perfume Carpet	Sunset Saddle	Iron Bubble			
I	Jacket Dollar	Arrow Honey	Pepper Mirror	Cotton Saddle	Movie Anchor			
					Immediate Memory Score			of 30
					Time that last trial was completed			

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

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

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
		Digits Score:			of 4

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.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0 1
Months Score	of 1
Concentration Total Score (Digits + Months)	of 5

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing[5]

Which foot was tested (i.e. which is the non-dominant foot) ☐ Left ☐ Right

Testing surface (hard floor, field, etc.) _____

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

Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

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.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

_____

_____

_____

Total number of words recalled accurately: of 5 or of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	of 15 of 30	of 15 of 30	of 15 of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	of 5 of 10	of 5 of 10	of 5 of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**
(If different, describe why in the clinical notes section)

Concussion Diagnosed?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**

If re-testing, has the athlete improved?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

CLINICAL NOTES:

Name: _____
DOB: _____
Address: _____
ID number: _____
Examiner: _____
Date: _____

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, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

1) Avoid alcohol

2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:

   a) Avoid sleeping tablets

   b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics

3) Do not drive until cleared by a healthcare professional.

4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: _____

Patient's name: _____

Date / time of injury: _____

Date / time of medical review: _____

Healthcare Provider: _____

Contact details or stamp

INSTRUCTIONS

Words in *Italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep item is omitted, which then creates a maximum of 21x6=126.

Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5–word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"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." The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

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."

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

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

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

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. 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 5 minutes have elapsed since the end of the Immediate Recall section.

"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

Modified Balance Error Scoring System (mBESS)[5] testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)[5]. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete 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 number of errors for any single condition is 10. If the 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 the athlete is set. Athletes 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 50cm x 40cm x 6cm).

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 forefoot or heel
6. Remaining out of test position > 5 sec

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This 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."

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is 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 metre 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. 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.

Finger to Nose

"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."

References

1. McCrory et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at www.bjsm.bmj.com)
2. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine 1995; 5: 32-33
3. Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and 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 experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, **medically managed exercise progression, with increasing amounts of exercise.** For example:

Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accomodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

Coaches CMT Reporting Form

THE CENTER FOUNDATION

Coaches/CMT **Concussion Report**

Athlete Name:_____ Date of Birth:_____ Current Time:_____

Team:_____ Venue:_____ Date of Injury:_____

Time of Injury:_____ Parent Name/Phone:_____

Describe injury details:_____

_____

- Any athlete who experiences one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion and should be immediately removed from practice or game.
- Athlete is not allowed to return to play/practice until they have been evaluated by a health care professional and cleared for return to activity.

Danger Signs: ***If any are present, seek immediate medical attention, call 911***

One pupil larger than the other	Loses consciousness
Repeated vomiting	Cannot recognize people or places
Slurred speech	Has unusual behavior
Convulsions or seizures	Drowsy and cannot be awakened

Symptoms Reported by Athlete (Check all that apply)

☐ Headache or "pressure" in head	☐ Concentration or memory problems
☐ Nausea or vomiting	☐ Feeling sluggish, hazy, foggy
☐ Balance problems or dizziness	☐ Confusion
☐ Double or blurry vision	☐ Does not feel "right"
☐ Sensitivity to light/noise	☐ Other:

Signs Observed by Coaching Staff (Check all that apply)

☐ Appears dazed or stunned	☐ Can't recall events prior to injury
☐ Forgets plays	☐ Can't recall events after injury
☐ Moves clumsily	☐ Answers questions slowly (days of the week etc.)
☐ Loses consciousness	☐ Shows behavior changes
☐ Is confused about plays	☐ Is unsure of game, score, opponent

Completed by:_____ Signature:_____

Contact parent/guardian of the injured athlete and provide this completed form.
Continue to monitor athlete under the care of parent/guardian.

What should I do if I suspect a concussion?

Authorization to Use and/or Disclose Information Educational and Protected Health Information

Authorization to Use and/or Disclose Information
Educational and Protected Health Information
Bend-La Pine Schools

520 NW Wall Street, Bend, OR 97703 / 541-355-1000

Date: _____

Dear: _____
Parent/Guardian or student if 18 years or older

Bend-La Pine Schools would like permission to exchange confidential information regarding:

Student's Legal Name:	Birthdate	Current School / Grade

Records will be reviewed for the purpose(s) of: _____

Confidential information will be released and/or exchanged between:

School or Agency: (If appropriate)		Bend-La Pine Schools / School or Department:
	&	
Name:		Name:
Address:		Address:
City: State: Zip:		City: State: Zip:

I understand that the information to be released / exchanged may include:

___ PROGRESS RECORDS: Transcripts of grades and courses, attendance records, tests relating specifically to achievement or measurement of performance ability, and health records.

___ BEHAVIORAL RECORDS: Psychological (intelligence) tests, personality evaluations, records of conversations and written transcripts of incidents relating specially to student behavior.

___ SPECIAL EDUCATION RECORDS: Any IEPs, progress or behavioral records relating to the provision of Special Education and medical records.

___ OTHER: (MDT evaluations, agency reports, etc.): _____

I further understand that confidential information will not be shared with agencies or individuals without my written permission. My consent is voluntary and unless revoked shall stand as valid for one year from the date of my signature.

___ Yes, I give consent _____ (Signature) _____ (Relationship to Student (self, if 18 or older)) _____ (Date)

___ No, I do not consent _____ (Signature) _____ (Relationship to Student (self, if 18 or older)) _____ (Date)

Please return this form to: _____ at _____

Reference: JO-AR
Revised 1/2017

Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070
503.682.6722 http://www.osaa.org

School Fax: _____

School Email: _____

CONCUSSION – RETURN TO PARTICIPATION MEDICAL RELEASE *FOLLOWING A CONCUSSION*

Athlete's **Name**: _____ **Date of Birth**: ___/___/___ **School/Grade**: _____

This section to be completed by school official, coach, athletic trainer or parent.

Date of Injury: ____ / ____ / ____ **Sport/ Injury Details**: _____

At this time, the ***athlete*** is:
- ☐ symptom-free at rest
- ☐ NOT symptom-free at rest
- ☐ symptom-free at exertion
- ☐ NOT symptom-free at exertion
- ☐ scoring within a normal range on ImPACT
- ☐ NOT scoring within a normal range on ImPACT

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: _____

For a list of common concussion symptoms and management recommendations, see www.osaa.org/health-safety/concussion.

Comments: _____

Completed by (Printed name): _____ Signature: _____ Date: _____

☐ Athletic Trainer ☐ Coach ☐ Athletic Director ☐ Other: _____

Graduated, Step-wise Return-to-Participation Progression: ***A medical release is required by ORS 336.485, ORS 417.875 before returning to participation.***

1. ***Symptom-Limited Activity**: Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.*
2. ***Light Aerobic Exercise**: Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.*
3. ***Sport Specific Exercise**: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.*
4. ***Non-Contact Training**: More complex drills in full equipment. Weight training or resistance training may begin.*

*****Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.***

5. ***Full-Contact Practice**: Participate in normal full-contact training activities.*
6. ***Unrestricted Return-to-Participation / Full Competition**: Game play against opposing team.*

*The **athlete** should spend a minimum of one day at each step. If symptoms re-occur, the **athlete** must stop the activity and contact their **athletic** trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the **athlete** may be told to rest for 24 hours and then resume activity one-step below **the level when** the symptoms occurred. **Graduated progression applies to all activities including sports and PE classes.***

This section to be completed by Physician/*Qualified* Health Care Professional:

☐ ***Athlete*** **may NOT return** to any sport activity ***including school PE*** until medically cleared.

☐ ***Athlete*** should **remain home from school** to rest and recover with a projected return ***to school*** date _____.

☐ Please **allow classroom accommodations,** such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form Concussion – Return-to-Learn Medical Release Following a Concussion http://www.osaa.org/docs/forms/

Additional Recommendations: _____

☐ ***Athlete*** **may begin graduated return-to-participation at step circled above.** If symptom free at rest and with graded exertion, can ***progress as above.***

☐ ***Athlete*** is now **cleared for full contact practice/*play***: symptom free at rest and exertion and has completed a graduated return-to-***participation*** protocol.

Return-to-Participation Date: _____ ***Comments***: _____

Physician/*Qualified* Health Care Professional Signature: _____ **Date**: _____

Physician/*Qualified* Health Care Professional Name/Title: _____ **Phone**: _____

Attestation: I am returning this athlete to participate in accordance with these statutes ORS 336.485, ORS 417.875, ORS 336.490 as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: https://www.ohsu.edu/school-of-medicine/cpd/return-play.

The Oregon School Activities Association's (OSAA) Sports Medicine Advisory Committee has developed a ***medical*** release form for ***athletes*** to return to participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when ***an athlete*** with a concussion can safely return to ***participation***. We have found significant differences that exist among physicians ***across the state*** relating to when ***an athlete is permitted*** to return to participation ***following*** a concussion.

The OSAA and the Sports Medicine Advisory Committee agree that the guidelines presented on this form represent a summary consensus of the literature. ***We do not intend to dictate to professionals how to practice medicine and the information on this form is not meant to establish a standard of care.*** The committee feels that the components of the form are very relevant to addressing the concerns of coaches, parents, athletes, and medical providers that lead to the research into this subject and to the development of this form. ***The form also provides a clear written document to help athletes, families, medical providers and school districts comply with state law.***

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect ***athletes*** from further harm. Young ***athletes*** appear to be particularly vulnerable to the effects of concussion. They are more likely than older students to experience problems after concussion and often take longer to recover. ***Teenagers, in particular,*** appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young ***athletes*** cannot be over-emphasized.
2. Allow ***athletes*** to participate as soon as it is reasonably safe for them to do so.
3. Establish ***statewide*** guidelines ***regarding concussion management and return-to-participation criteria to*** minimize differences in management among ***medical providers*** who are signing "return-to-***participation***" forms. ***The*** consistent use of these guidelines ***is intended to*** minimize ***the risks associated with a high school athlete*** returning to ***participate before fully recovered from a concussion.***
4. Provide a basis to support ***medical*** decisions ***in regard to*** when ***an athlete may*** or ***may*** not participate. This ***will*** help ***support*** the ***medical decision when an athlete faces incredible pressure from many fronts to return to participation before fully recovered.***
5. ***Follow a common process for athletes, families, health care providers and schools to comply with Oregon statutes requiring all concussed athletes to be cleared by a Qualified Health Care Professional (MD-Medical Doctor, DO-Osteopathic Doctor, DC-Chiropractic Doctor, ND-Naturopathic Doctor, NP-Nurse Practitioner, PA-Physician Assistant, PT-Physical Therapist, OT-Occupational Therapist or Psychologist).***

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements ***and return-to-participation progression recommendations so athletes, families, coaches, school officials and health care professionals*** will ***all*** understand that ***athletes*** must be symptom-free at rest and ***with*** exertion and complete a graduated return-to-***participation protocol. Returning athletes at an arbitrary date following a concussion is not a option.***
2. ***Providing sections to clearly state the athlete's name, the Return-to-Participation Date and the Qualified Health Care Professional providing clearance for return-to-participation should help reduce liability from a school returning an athlete to participate without formal clearance. If a return-to-participation is questioned, the school can easily keep athletes safe and comply with state law by requiring that an athlete provide a fully completed medical release form stating when the athlete can return-to-participate.***
3. ***Recommendations for classroom accommodations to address educational needs of students while their brain injury recovers. Please use OSAA / CBIRT adopted form Concussion – Return-to-Learn Medical Release Following a Concussion or see CBIRT website https://cbirt.org.***

Note to Health Care Professionals: Please read " *Consensus Statement on Concussion in Sport –The 5th International Conference on Concussion in Sport"* ***https://bjsm.bmj.com/content/51/11/838 and SCAT5 https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the addition of a standardized evaluation, an earlier return to light activity, recommended academic accommodations and standardized return-to-participation guidelines. *All DC, ND, PT and OT and, after July 1, 2021 , all NP, PA and Psychologists who want to become a Qualified Health Care Professional must complete this online course: www.ohsu.edu/school-of-medicine/cpd/return-play.***

Note: ImPACT stands for **Im**mediate **P**ost-Concussion **A**ssessment and **C**ognitive **T**est. It is sophisticated software developed to help sports medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. ***Other similar tests exist but are not commonly used in Oregon***. For information on implementing a baseline-testing program, see OSAA program: ***http://www.osaafoundation.org/impact/***

Note: ***Athletic Trainers (ATs) are important to the identification and management of concussions in schools. In Oregon, ATs can evaluate and return athletes to participation the same day if they determine the athlete does not have a concussion. Also, ATs can implement return-to-participation progression in coordination with a qualified health care professional.*** In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: ***http://oatswebsite.org***.

This form may be reproduced, if desired. In addition, the OSAA Sports Medicine Advisory Committee would welcome comments for inclusion in future versions, as this will continue to be a work in progress.

Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722 FAX 503.682.0960 http://www.osaa.org

The Oregon School Activities Associations' (OSAA) Sports Medicine Advisory Committee has developed a physician release form for students to return to participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when a student with a concussion can safely return to participation. We have found significant differences that exist among physicians relating to when they will permit a student to return to participation after having a concussion.

Neither the OSAA nor the Sports Medicine Advisory Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The committee does feel, however, that the guidelines included on the form represent a summary consensus of the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, students, and physicians that lead to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect students from further harm. Young students appear to be particularly vulnerable to the effects of concussion. They are more likely than older students to experience problems after concussion and often take longer to recover. Teenagers also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young students cannot be over-emphasized.
2. Allow students to participate as soon as it is reasonably safe for them to do so.
3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms". Consistent use of these guidelines should minimize students from returning to participation too soon and protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when a student can or cannot participate. This should help the physician who may face incredible pressure from many fronts to return a student to competition ASAP. This can involve "Joe Blow who rides the bench" or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements so physicians will understand that students must be symptom free at rest and exertion and complete a graduated return to participation. Returning students at an arbitrary date is not an option.
2. Inclusion of the date and nature of injury as well as earliest date to return to participation to minimize the need for a family to incur the expense of additional office visits to return for clearance after completing a graduated return to participation.
3. Inclusion of consensus statements and return to participation progression before returning the student to participation as discussed above. This should enhance the likelihood that all students are managed safely and fairly.
4. Inclusion of all of the components discussed has the potential to remove liability from a school making a medical decision. If a return to participation is questioned, the school's role could appropriately be only to see if the student can provide a fully completed medical release form allowing the student to return to participation.

Note to Physicians/Health Care Professionals: Please familiarize yourself with the "Summary and Agreement Statements of International Conferences on Concussion in Sport", from Vienna in 2001, Prague in 2004, and Zurich in 2008. These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the discontinuation of initial symptom based grading scales and the addition of standardized return to participation guidelines.

Note: ImPACT stands for **Im**mediate **P**ost-Concussion **A**ssessment and **C**ognitive **T**est. It is sophisticated software developed to help sports-medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. For information on implementing a baseline-testing program, contact the Oregon Concussion Awareness & Management Program (OCAMP) at ***http://cbirt.org/ocamp***.

Note: In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: ***http://oatswebsite.org***.

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Mild TBI/Concussion Temporary Accommodations Plan

Mild TBI/Concussion Temporary Accommodations Plan

These are recommendations and over time may need to be adjusted through the school Concussion Management Team. If any questions or concerns please call your provider. **PLEASE SIGN BACK OF FORM ROI**

Patient name: _____ Date: _____

Current symptoms: □ Headaches □ Difficulty remembering □ Sensitivity to light □ Fatigue □ Decreased attention

□Other:_____

Physician Name: _____ Phone: _____ Physician Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date: _____

□ **These Are Initial Recommendations** □ **These Are Follow-Up Recommendations**

Area	Requested Accommodations	Comments/ Clarifications
Attendance	□ No School until _____ □ Partial School day as tolerated by student □ Full school day as tolerated by student	
Breaks	□ If symptoms appear/worsen, allow student to go to quiet area or nurse's office; if no improvement after 30 min allow dismissal to home □ Water bottle in class / snack every 3-4 hours as needed □ Allow breaks during the day as needed by student or school personnel	
Visual Stimulus	□ Limit iPad use □ Limited computer, TV screen, bright screen use □ Allow handwritten assignments or more instructions for homework □ Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights □ Change classroom seating to front of room as necessary	
Auditory Stimulus	□ Avoid loud classroom activities and/or classes (i.e. band, shop, choir) □ Lunch in a quiet place with a friend □ Allow student to wear earplugs as needed □ Allow class transitions before bell	
School Work	□ Simplify tasks □ Reduce overall amount of in-class work or homework to essentials. □ No homework □ Extra tutoring/assistance requested □ May begin make-up of essential work (critical tasks only, consider alternative ways for student to demonstrate knowledge) □ Provide extended time to complete assignments and/or shortened assignments	
Testing	□ No or limited testing during recovery periods (midterms, finals, standardized, unit tests) until student is cleared. □ Additional time/untimed testing □ No more than one test a day □ Provide extended time to take tests in a quiet environment (do not mark if student is deferred from test taking)	
Emotional Development Plan	□ Develop an emotional support plan for the student (may include an adult with whom the student can talk, if feeling overwhelmed)	
Physical Activity	□ No physical exertion/athletics/gym/recess □ Walking in PE/recess only □ May begin return to play (see OSAA form)	
Extracurricular Activities	□ Ok to participate in school dances □ Ok to attend school/sporting events/field trips (Please specify) □ Other (Please specify)	

Parents: Please share this document with your School Nurse or Concussion Management Team.