



# Warrior Football



Mission San Jose High School • 41717 Palm Avenue, Fremont, California, 94539 • (510) 657-3600

**DATE:** January 1, 2015

**MEMORANDUM FOR RECORD**

**SUBJECT:** 2015 Concussion Management Protocol

## **Warrior Football Concussion Management Protocol**

The Mission San Jose High School Football Program (MSJ-FB) and Fremont Orthopedic & Rehabilitative Medicine Sports Medicine Outreach Program (FORM) have instituted a Concussion Management Program (CMP) to ensure student athletes return to athletic participation safely. The MSJ-FB and FORM instituted Concussion Management Program (CMP) is designed to ensure student athletes return to athletic participation safely. The CMP has aligned the FORM program with the National Athletic Trainers' Association Position Statement, 2014 <sup>1</sup>; the Consensus Statement on Concussion in Sport, 2012 <sup>2</sup>; and the National Federation of State High School Association (NFHS) Concussion Guidelines, 2013 <sup>3</sup>.

The National Athletic Trainers' Association Position Statement, Consensus Statement on Concussion in Sport, and the NFHS Association Concussion Guidelines were developed by physicians, neuropsychologists, and Athletic Trainers trained in concussion management. The NFHS Association established a new rule in the fall of 2010, *“any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate health-care professional.”* <sup>4</sup>

The State of California established AB 25 (Education Code SEC 3 Section 49475) in October 2011 mirroring the NFHS 2010 concussion rule. In July 2014 the State of California expanded the law through AB 2127 (Education Code SEC 2 Section 35179.5) to include Return to Play Protocol (RTP), and Limiting Full Contact Practices. To comply with the changes to the California Education Code (SEC 3 Section 49475 & SEC 2 Section 35179.5), NFHS concussion rule, and CDC “Heads-Up Program”, MSJ-FB and FORM's program

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have instituted the following guidelines for all student athletes participating in football at Mission San Jose High School. All ninth and eleventh grade student athletes participating in football along with new tenth and twelfth grade student athletes participating in football for the first time will be administered baseline assessments (described below) which will provide the high school Certified Athletic Trainer (ATC) and the student athlete's primary care physician with objective information to compare pre-and-post injury.

- Graded Symptom Checklist baseline assessment
- Cognitive status baseline assessment (Immediate Post-Concussion Assessment and Cognitive Test (ImPACT) or Standard Assessment of Concussion (SAC))
- Postural Stability baseline assessment

A student athlete with a possible concussion, will receive two forms: (1) *Graded Symptom Checklist for Concussed Athlete* (GSC List) and (2) *Medical Referral Form for Concussed Athlete*. The GSC List form provides player's symptoms at the time of injury. It also includes signs and symptoms to watch for and recovery recommendations. The medical referral form provides information for the athlete's physician regarding his/her head injury and recommendations for return to activity. After a student athlete takes the cognitive status assessments, the ATC will collaborate with the student athlete's physician and/or a neuropsychologist to determine if the student athlete is ready to start a **Return to Activity Plan** (see below). This team approach ensures the health and safety of each concussed student athlete.

### **Return to Activity Plan (RAP):**

#### Integrated Return to Learn (RTL) and Return to Play (RTP) Protocol

- **Step 1 – Complete cognitive rest.** This may include staying home from school or limiting school hours and study for several days which would be determined by a physician or ATC and supported by school administration through an integrated Individual Return to Activity Plan (RAP). Activities requiring concentration and attention may worsen symptoms and delay recovery.
- **Step 2 – Return to school full time.** Athletes must be asymptomatic and fully reintegrated into the learning environment in order to complete the RTL protocol. The MS-ATC works in conjunction with athlete's primary care provider and/or neuropsychologist, school administration and staff through the use of an integrated Individual Return to Activity Plan (RAP) and Assessment packet. RTL must be completed prior to an athlete moving on to Steps 3 – 7 of the RTP protocol.

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*Steps 3-7 will be supervised by the high school MS-ATC.  
(Each step is separated by a minimum of at least 24 hours.)*

- Step 3 – *Light exercise.* This step cannot begin until student athlete is cleared by the treating physician for further activity. At this point, the student athlete may begin walking or riding a stationary bike.
- Step 4 – *Running in the gym or on the field.*
- Step 5 – *Non-contact training drills in full equipment.* Weight training can begin.

\* **Note** – Any Mission San Jose High School football player who has sustained a concussion (football related or otherwise) will not be allowed back on the field without a non-foam padded helmet. Authorized Post concussion helmets are as follows:

- *Schutt Vengeance VTD II*
  - *Schutt Air XP Pro VTD*
  - *Schutt Vengeance*
  - *Xenith EPIC*
  - *Xenith X2*
  - *Xenith X2E*
- Step 6 – *Full contact practice or training.*
  - Step 7 – *Play in game.*

**Samuel M. Baugh**  
**Head Football Coach**  
**Mission San Jose High School**

### **References:**

1. National Athletic Trainers' Association Position Statement. JAT 2014; 49(2):245-265
2. International Consensus Statement on Concussion in Sport. BJSM 2013; 47:250-258
3. National Federation of State High School Association Concussion Guidelines, 2013
4. National Federation of State High School Association. New Rule Release March 4, 2010

**Parent Permission Form:**

The MSJ-FB and FORM program will continually monitor its CMP to ensure the health and safety of Mission San Jose High School's student athletes. To assist the MSJ-FB and FORM program in its CMP monitoring, MSJ-FB and FORM will be conducting a study to ensure CMP quality.

By signing below, you acknowledge receipt of information about the MSJ-FB and FORM CMP and the signs and symptoms of a concussion.

\_\_\_\_\_

(Parent/Guardian or Adult Student Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Student Athlete Signature)

\_\_\_\_\_

(Date)

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**Concussion Management Study**  
(Voluntary)

Participation in this school year's Concussion Management Study is strictly voluntary and your child will not be penalized if he/she elects not to participate. By agreeing to participate in this study, your student athlete's concussion data will be included in the study. Concussed student athlete's injury will be managed whether he/she participates or not in this study. Personal identification information will not be disclosed and will be destroyed at the end of the study.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_:  
(Parent/Guardian) (Name of Student Athlete)

Agree to allow my student athlete to participate in school year \_\_\_\_\_ Concussion Management Study.

Do not agree to allow my student athlete to participate in school year \_\_\_\_\_ Concussion Management Study.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Student Athlete Signature)

\_\_\_\_\_

(Date)

**Mission San Jose High School Graded Concussion Symptom Checklist**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hours of Sleep: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_.

- **Grade the 22 symptoms with a score of 0 through 6.**
  - *Note that these symptoms may not all be related to a concussion.*
- **You can fill this out at the beginning of the season as a baseline (after a good night's sleep).**
- **If you suffer a suspected concussion, use this checklist to record your symptoms daily.**
  - *Be consistent and try to grade either at the beginning or end of each day.*
- **There is no scale to compare your total score to; this checklist helps you follow your symptoms on a day-to-day basis.**
  - *If your total scores are not decreasing, see your physician right away.*
- **Show your baseline (if available) and daily checklists to your physician.**

<input type="checkbox"/> Baseline Score
<input type="checkbox"/> Post-Concussion Score

	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
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	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
<b>Total Sum of Each Column</b>	0						
<b>TOTAL SYMPTOM SCORE (Sum of all column totals)</b>							

NAME \_\_\_\_\_

HIGH SCHOOL Mission San Jose High School

D.O.B. \_\_\_\_\_

SPORT Football

PHYSICIAN (MD/DO) \_\_\_\_\_

**Mission San Jose High School Medical Referral Form for Concussed Athlete**

**(To be filled out by Certified Athletic Trainer and/or Team Physician)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: Mission San Jose High School

Date of Concussion: \_\_\_\_\_ Sport: \_\_\_\_\_ Level: Freshmen JV Varsity

**Concussion History:** Date(s) of previously known Concussion(s): \_\_\_\_\_

Mechanism of Injury for Current Concussion: \_\_\_\_\_

**Treatment:**

Removed from participation \_\_\_\_\_ Parent Notified \_\_\_\_\_ Referral to ER \_\_\_\_\_

Graded Symptom Check List \_\_\_\_\_ Cognitive Assessment \_\_\_\_\_ Postural Assessment \_\_\_\_\_

Certified Athletic Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dear Physician,**

Please review and complete this form and have the athlete return to me.

The purpose of this form is to ensure that the athlete returns to play in a safe and appropriate manner as directed by the most recent medical evidence. Please contact me if you have any questions (Phone number above).

*For further information on concussions in young athletes please refer to:*

*Consensus Statement on Concussion in Sport. BMJSM 2013; 47; 250-258.*

**Return to Activity Plan (RAP):**

- Step 1 – *Complete cognitive rest.* This may include staying home from school or limiting school hours and study for several days which would be determined by a physician or ATC and supported by school administration through an integrated Individual Return to Activity Plan (RAP). Activities requiring concentration and attention may worsen symptoms and delay recovery.
- Step 2 – *Return to school full time.* Athletes must be asymptomatic and fully reintegrated into the learning environment in order to complete the Return to Learn (RTL) protocol. The ATC works in conjunction with athlete’s primary care provider and/or neuropsychologist, school administration and staff through the use of an integrated Individual Return to Activity Plan (RAP) and Assessment packet. RTL must be completed prior to an athlete moving on to Steps 3 – 7 of the Return to Play (RTP) protocol.

*Steps 3-7 will be supervised by the high school MS-ATC.  
(Each step is separated by a minimum of at least 24 hours.)*

- Step 3 – *Light exercise.* This step cannot begin until student athlete is cleared by the treating physician for further activity. At this point, the student athlete may begin walking or riding a stationary bike.
- Step 4 – *Running in the gym or on the field.*
- Step 5 – *Non-contact training drills in full equipment.* Weight training can begin.
- Step 6 – *Full contact practice or training.*
- Step 7 – *Play in game.*

**Please indicate Level of Clearance (To be filled out by Physician)**

\_\_\_\_\_ Cognitive and Physical Rest Only. Limit school attendance, computer, TV, and phone/texting time

\_\_\_\_\_ Cleared to return to School with No Physical Activity. No physical education class or athletics

\_\_\_\_\_ Follow up Appointment scheduled

\_\_\_\_\_ Cleared to begin “Return to Activity Plan” – (See above)

**PHYSICIAN’S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PHYSICIAN’S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Patient Name: _____	Date: _____
I, _____, give permission for my physician to share the following information with my child's school and for communication to occur between the school and my physician for changes to this plan. Parent Signature: _____	

Physician Name and Contact Information: _____	Physician Signature: _____
The Patient will be reevaluated for revision of these conditions in _____ weeks. Date: _____	

## Mission San Jose High School Physician Recommended School Accommodations Following Concussion

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Adjustments can be modified as the student's symptoms improve/worsen. Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/Clarifications
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <i>Encouraged Classes:</i> _____ <i>Discouraged Classes:</i> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <i>Mandatory Breaks:</i> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
<b>Education Plan</b>	<input type="checkbox"/> Student is in need of an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
<b>Physical Activity</b>	No physical exertion/athletics/gym/recess <input type="checkbox"/> Walking in PE class/recess only <input type="checkbox"/> May begin return to play following the CIF Return to Play (RTP) protocol (cifstate.org)	

## Mission San Jose High School (CIF) Concussion Return to Play (RTP) Protocol

**CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.**

**Instructions:**

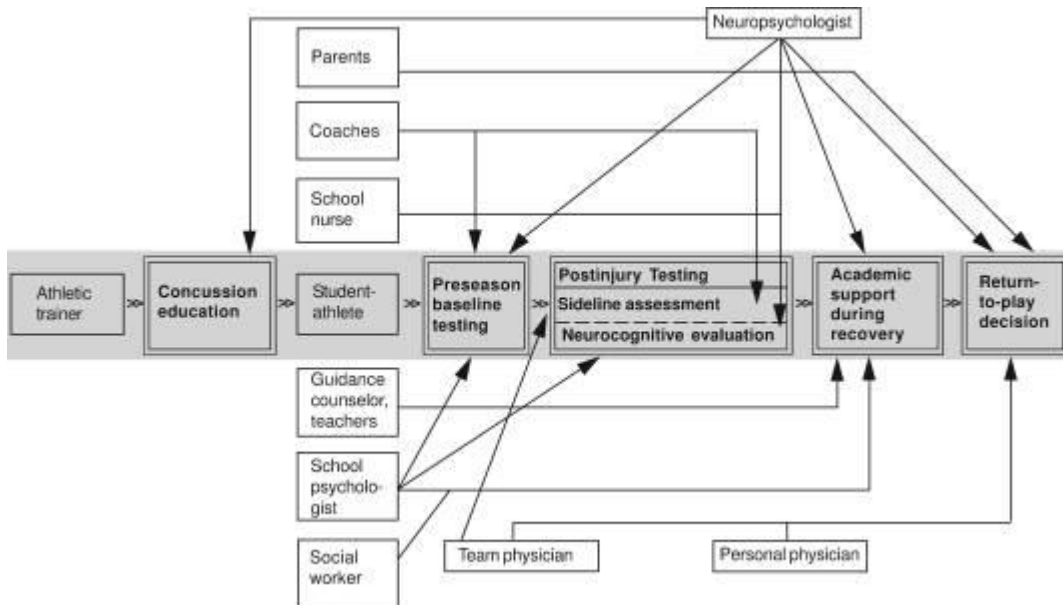
- This *graduated return to play protocol* **MUST** be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (ATC), physician, and/or identified concussion monitor (e.g., coach, athletic director), must monitor your progression and initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
  
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
  
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your schools ATC, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
  
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician)				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <b>AFTER</b> you have seen a physician	<ul style="list-style-type: none"> <li>• No activities requiring exertion (Weight lifting, jogging, P.E. classes)</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery and elimination of symptoms</li> </ul>
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes (min) of walking or stationary biking</li> <li>• <b>Must be performed under direct supervision by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increased heart rate to no more than 50% of perceived maximum (max) exertion (e.g., &lt;100 beats per min)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity <i>(Light resistance training)</i>	<ul style="list-style-type: none"> <li>• 20-30 min jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max exertion (e.g. , 100 beats per min)</li> <li>• Monitor symptom return</li> </ul>
	II-C	Strenuous aerobic activity <i>(Moderate resistance training)</i>	<ul style="list-style-type: none"> <li>• 35-45 min running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max exertion</li> <li>• Monitor symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills <i>(No restrictions for weightlifting)</i>	<ul style="list-style-type: none"> <li>• Non-contact drill, sport-specific activities (Cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
Minimum of 6 days to pass Stages I & II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I & II, has been given to your school's concussion monitor				
	III	Limited contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration, and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> <li>• Return to normal training, with contact</li> <li>• Return to normal unrestricted training</li> </ul>	
MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice <i>(If contact sport, highly recommend that Stage III be divided into 2 contact days as outline above)</i>				
	IV	Return to play (Competition)	<ul style="list-style-type: none"> <li>• Normal game play (Competitive event)</li> </ul>	<ul style="list-style-type: none"> <li>• Return to full sports activity without restrictions</li> </ul>

Athlete's Name: \_\_\_\_\_ Date of Concussion Diagnosis: \_\_\_\_\_



**National Athletic Trainers Concussion Management Model for Student Athletes**  
(National Athletic Trainers' Association, Inc.)



**Reasonable Accommodations for the Student-Athlete Recovering From Concussion**  
(National Athletic Trainers' Association, Inc.)

Accommodation	Rationale
Excused absence from class	Several days of complete rest, progressing to limited attendance, may be needed
Rest periods during the school day	When symptoms flare, brief rest and pain medication may allow student to return to class
Extension of assignment deadlines	Information-processing speed and ability to handle full workload may be impeded
Postponement or staggering of tests	Mental effort to prepare and then take test may worsen symptoms
Excuse from (or unweight) specific tests and assignments	Relieves emotional pressure and allows return to regular workload as soon as possible
Extended testing time	Information-processing speed may be impeded
Accommodation for light or noise sensitivity	Fluorescent light and high-stimulation environments may cause symptoms
Excuse from team sport practice and gym activities	No physical activity progresses to limited physical activity, as tolerated
Monitor backpack weight, stair use, playing of wind instruments	Avoidance of other physical exertion
Use of a reader (or recorded books) for assignments and testing	Lessens visual scanning and concentration demands
Use of a note taker or scribe	Lessens attentional, visual, and concentration demands
Use of a smaller, quieter examination room	Lessens stimulation and distraction
Preferential classroom seating	Lessens distraction
Temporary assistance of a tutor	Assists in organizing and prioritizing assignments

## 2015 Concussion Management Protocol

### School and Work Accommodations after a Concussion (National Athletic Trainers' Association, Inc.)

Symptoms	Accommodations
Sleep Disturbance	Late starts/Early dismissals
Fatigue	Rest periods during the day
Headache	Partial attendance
<u>Excuse from non-essential assignments</u>	
Excuse from attending sport practices	
Difficulty Concentrating	Exams/Work in small/quiet rooms
	eBooks/textbooks
	Record lectures/meetings
	Provide note-taker/scribe
	Provide classroom/meeting notes/Power point prior to lecture/meeting
Photophobia	Preferential classroom seating
	Ball Cap
Sonophobia	Sunglasses
	Dimmer lights
	Excuse from assemblies, band, orchestra, woodshop, conferences
	Earplugs
Slow to answer/follow directions	Lunch in quiet area
Extra Time Testing	Extra time for assignment completion
Difficulty Remembering	Postpone or stagger testing
	Excuse from standardized testing
	<b>Assistive Technology:</b> Smartphone/Electronic Notebooks/Software Applications
	Minimize the number of academic courses/work assignments and projects