When a concussion occurs:

“Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider licensed by the state board of healing arts to practice medicine and surgery (MD/DO) and the health care provider provides such athlete a written clearance to return to play or practice.” – [Kansas House Bill 2182 - 2011]

Check list for getting athlete back into the game.

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

1. Remove athlete from all activity.
2. Activate SCAT5 on-field concussion protocol assessment.
   - Contact parent/guardian.
   - Give Education Guides to parent/guardian and student athlete to review.
   - Distribute Education Guides to appropriate personnel (coach, athletic trainer, school, physician).
3. Start tracking daily symptoms and transfer SCAT5 scores to SCORE Card.
   - Activate School Concussion Team to coordinate Return to Learn Classroom Rx Form.
   - Refer athlete for evaluation by a MD/DO. Send SCORE Card directly to athlete’s physician or through parent/guardian.
4. MD/DO authorizes athlete to start Warm-up to Play Form. It’s the Law!
   - Start Warm-up to Play Form progression.
   - Return athlete to sport after Warm-up to Play is completed symptom free and a full return to the classroom is complete.

Athlete: ____________________________________________________________

☐ Parent/Guardian Contacted: Name __________________________ Date ____________

Notes:____________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Concussion Packet
A game plan for the education, recognition and management of sports related head injuries.

Download additional packets and link to educational resources at:

www.KansasConcussion.org

10/2017
Baseline Exam Score Totals

<table>
<thead>
<tr>
<th>Total # of Symptoms</th>
<th>Symptom Severity Score</th>
<th>Orientation</th>
<th>Immediate Memory 5-word Option</th>
<th>Immediate Memory 10-word Option</th>
<th>Concentration</th>
<th>Total # of Balance Errors</th>
<th>Neuro Exam Y = normal</th>
<th>Neuro Exam N = not normal</th>
<th>Delayed Recall 5-word Option</th>
<th>Delayed Recall 10-word Option</th>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>132</td>
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<td>/15</td>
<td>/30</td>
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</table>

Cognition/Balance Assessment

1. **Symptom Evaluation**
   - Have athlete read symptoms out loud and score how they feel now.
     - None 1 2 3 4 5 6
   - Score

2. **Orientation**
   - Read these questions and check box if answered correctly. Score 1 point for each correct response.
   - What month is it? What is today’s date? What time is it now?
   - What day of the week is it? What year is it? (within 1 hour)

3. **Immediate Memory**
   - 5-word option: Read first column of 5 words and have athlete repeat back as many words as can be remembered, in any order. Repeat same list again for the second and third trials. Have athlete repeat back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read words at a rate of one per second.
   - 10-word option: Read both columns and have athlete repeat back as many words as can be remembered, in any order. Repeat same list again for the second and third trials. Have athlete repeat back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read words at a rate of one per second.

4. **Concentration**
   - A. Read a string of digits at a rate of one per second. Have athlete repeat back the list of numbers in REVERSE order. Then go across and read the next string with the same number of digits. If both repeated correctly, score one point and go down to the next trial with one additional digit in the string. Complete all four of the 2-string trials.
   - Score 1 pt. for each trial repeated correctly. (4 pts. possible)
   - B. Have athlete recite months of year in reverse order:
     - Score 1 pt. if entire sequence is correct. (1 pt. possible)

5. **Balance Errors**
   - Remove shoes, roll up your pant legs above the ankle (removing ankle taping). Tests consist of three, 20-second timed tests from different stances.
   - I. Double Leg Stance: Stand feet together, with hands on hips and eyes closed. Maintain stability for 20 seconds. Count number of times that person moves out of that position.
   - II. Single Leg Stance: Stand holding dominant leg off the floor a few inches and maintain stability for 20 seconds with hands on hip and eyes closed. Count number of times athlete moves out of that position. If they stumble, have them open eyes and return to the start position and continue balancing. Start timing when they are set and have their eyes closed.
   - III. Tandem Stance: Stand heel-to-toe with non-dominant foot in back. Weight is evenly distributed across both feet. Maintain stability for 20 seconds with hands on hip and eyes closed. Count number of times athlete moves out of that position. If they stumble out of this position, have them open eyes and return to the start position and continue balancing. Start time when they are set and eyes are closed.

6. **Neurological Screen**
   - FOLLOWING INSTRUCTIONS: Can athlete read aloud and follow instructions without difficulty?
   - (Use Score Card 1 symptoms check list as test.)

7. **Spine Movement**
   - Does the athlete have a full range of pain-free PASSIVE cervical spine movement?

8. **Finger Nose Coordination**
   - With athlete seated and either arm outstretched and index finger pointed out, have athlete touch finger to tip of nose and return to starting position. Perform five successive repetitions as quickly and accurately as possible.

9. **Tandem Gait**
   - Have athlete walk along a 10’ line as quickly as possible, alternating foot-to-toe. Then turn 180 degrees and return on the line. Athlete fails the test if they step off the line, or have separation between foot and toe or lose their balance.

10. **Delayed Recall**
    - Have athlete repeat back as many words as can be remembered from either 5-word option (first column) or 10-word option (both columns) from the Immediate Memory question above. Score 1 pt. for each word remembered.

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<tr>
<th>Symptom Evaluation</th>
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<td>Feeling like “in a fog”</td>
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**MEDICAL EXAM**

Every concussion evaluation should include a full neurologic examination. An examiner should consider these specific systems:
- Check Head/Skull/Eyes/Ears for trauma
- Cervical spine
- Vestibular-ocular dysfunction
- Balance

A complete history should be taken when examining athlete. Consider assessing these specific areas:
- Detailed history of previous concussions including recovery time
- Sleep disturbance
- Depression/anxiety
- Difficulties with school/work
- History of migraine headaches
- Triggers that worsen symptoms

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

If accommodations in school are necessary, go to Classroom Rx Form 2 to direct their Return to Learn progression. When the student athlete is symptom-free, with normal exams, and attending school without difficulty, consider clearing the athlete to start the Warm-up to Play Form 3.
When can the student-athlete return to school? It will depend on the individual. Every student’s injury and recovery are unique and require careful observation from parents and doctors. Promote recovery and prevent ongoing symptoms by following a Return to Learn plan like the one below. The physician will customize a plan to allow recovery at student’s own pace.

Schools should identify a team leader to work with each student-athlete who sustained a concussion to facilitate a safe return to learn. This identified team leader should establish a communication system between the physician, athletic trainer, school administrators, teachers, coaches, school nurse, school counselor, parent/guardian and any other members.

☐ STUDENT MAY NOT ATTEND SCHOOL. Student may participate in daily activities at home as long as they do not increase symptoms (e.g., reading, texting screen time). Start with 5 to 15 minutes at a time and gradually build up. **Goal: Gradually return to typical activities.**

☐ SCHOOL ACTIVITIES AT HOME. Start homework, reading or other cognitive activities outside of the classroom. Continue to limit at-home activities that can worsen symptoms, such as loud music, television, computer screen time, texting, etc. **Goal: Increase tolerance to cognitive work.**

☐ RETURN TO SCHOOL PART-TIME. Gradual introduction of schoolwork, but will require accommodations depending on their current symptoms. Continue to work with the student to identify any specific classroom subjects (e.g. math, science, foreign languages) and activities and that could be worsening symptoms. **Goal: Increase academic activities.**

☐ RETURN TO SCHOOL FULL-TIME. Gradually progress school activities until a full day can be tolerated. Work with the student to ensure a classroom “catch-up” plan is in place. Student may fully participate in normal classroom activities — except with restrictions as noted below. **Goal: Return to full academic activities.**

☐ NORMAL CLASSROOM. Student may fully participate in normal classroom activities without accommodations.

**Do NOT participate in:**
- PE class
- Weightlifting
- Band or Music
- Wood or Metal shop
- Debate/Forensics
- Other Subjects: _______________________
- Homework
- Exams or Quizzes
- Research Papers
- Computer/Tablet Use
- Video Games or Movies
- Drive/operate heavy equipment
- Activities involving heights
- Other: ____________________________

**Classroom Accommodations:**

- **Breaks:**
  - Allow student to go to nurse’s office if symptoms increase.
  - Allow student to go home if symptoms do not subside.
  - Allow other breaks during school day as necessary and appropriate.

- **Visual Stimulus:**
  - Allow student to wear sunglasses/hat in school.
  - Limit bright screen use of computer or television.
  - Provide note taker.
  - Reduce monitor brightness.
  - Change classroom seating.

- **Audible Stimulus:**
  - Lunch in a quiet place with a friend.
  - Avoid music, band or wood/metal shop class.
  - Allow to wear earplugs as needed.
  - Allow class transitions before bell.

- **Workload/Multi-Tasking:**
  - Reduce overall amount of homework, make-up work and class work.
  - Prorate workload when possible.
  - Reduce amount of homework.
  - Allow for scribe, oral responses, and oral questions.

- **Physical Exertion:**
  - Walking in gym class only.
  - Other: ______________________________

The student-athlete should not go back to sports until they are able to fully participate in normal classroom activities without accommodations. To start the process for returning athlete to their sport, use the [Warm-up to Play Release Form](#).

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

**Medical Professional Signature:** ____________________________ **Date** ________________

**Additional Instructions:** __________________________________________________________

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10/2017
An athlete’s return to his/her sport will be a step-by-step process under the guidance of a health care provider. Before beginning the Warm-up to Play progression, an initial 24-48 hour period of both relative physical rest and cognitive rest is recommended if symptoms persist the next day following a concussion. Resuming normal, noncontact activities as soon as safely tolerated can be beneficial for athlete’s recovery.

**Step 1. Symptom-limited activity** – normal daily activities that do not provoke symptoms. *(gradually reintroduce work/school activities)*

- **Physician Release to Start Warm-up to Play. Proceed to Step 2.**
  
  This patient has had an injury to the head. Patient may “Return to Play” after normal classroom full participation is achieved and successfully completing Steps 2 through 5 of the “Warm-up to Play” below. Symptoms of concussion may develop within days after a head injury. Patient should continue to be observed for any new symptoms.

  - Physician Signature ____________________________ MD/DO Date ___________ Earliest Release Date ___________

  For steps 2-5, Athlete must wait 24 hours before progressing to the next step and remain completely symptom-free. **STOP IMMEDIATELY if there is any return of signs/symptoms and report this right away.** Go back to rest for the day, refrain from activities including bike riding, skateboarding, playful wrestling, etc. Only if symptom free may athlete repeat that step the following day and continue progression. This will be monitored by a coach, athletic trainer or designated school official. If symptoms persist or worsen for more than a day, please notify the physician.

- **Step 2. Light aerobic exercise** – walking or riding an exercise bike, no weightlifting. *(increase heart rate — 15-20 min. suggested max.)*

  - □ Step 2 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 3.
  
    Coach/Athletic Trainer ____________________________ Date ___________ Notes: ___________________________________________________________________

- **Step 3. Sport specific exercise** – running in gym or on the field, no helmet or equipment. *(add movement — 30 min. suggested max.)*

  - □ Step 3 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 4.
  
    Coach/Athletic Trainer ____________________________ Date ___________ Notes: ___________________________________________________________________

- **Step 4. Non-contact training drills** – using full equipment, light resistance training or light weight training. *(add coordination and cognitive load)*

  - □ Step 4 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to proceed to Step 5.
  
    Coach/Athletic Trainer ____________________________ Date ___________ Notes: ___________________________________________________________________

- **Step 5. Full contact practice** – under the supervision of the coach/athletic trainer. *(restore confidence and assess functional skills)*

  - □ Step 5 completed successfully. Athlete reports no return of symptoms after 24 hours. Okay to “Return to Sport.”
  
    Coach/Athletic Trainer ____________________________ Date ___________ Notes: ___________________________________________________________________

- **Step 6. Return to Sport** – student may fully return to play if all the above steps were successfully completed without return of any symptoms. This includes full participation in live competition or practice. **Concussion symptoms may develop within days after a head injury. The patient should continue to be observed for any new symptoms.**

  - Optional Physician Return to Sport — if school/ district requires physician signature after successful completion of Warm-up to Play.

  - Physician Signature ____________________________ MD/DO Date ___________