

SUSPECTED HEAD INJURY NOTIFICATION FORM

Name: _____ Age: _____ Grade: _____ Sport: _____

Date of Injury: _____ Time of Injury: _____

ON-SITE EVALUATION

Description of Injury: *(Be sure to include cause and force of the hit or blow to the head)*

*** Call 911 if student is:**
Unconscious
Having seizures
Unequal/nonreactive pupils

Was there a loss of consciousness (LOC)?	Yes	No	Unclear
➤ If "yes" to LOC, length of time: _____			
Does he/she remember the injury?	Yes	No	Unclear
Does he/she remember events prior to injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear
Has the athlete ever had a concussion?	Yes	No	Not known

OBSERVED SIGNS	0 min	15 min	___ min	OBSERVED SIGNS	0 min	15 min	___ min
Loss of orientation				Headache			
Neck pain				Slurred speech			
Dizziness				Nausea/vomiting			
Weakness				Numbness			
Ring in ears				Fatigue/low energy			
Drowsy/sleepy				Feeling "dazed"			
"Don't feel right"				Poor balance/ coordination			
Memory concerns				Seizure			
Blurred vision				Sensitivity to light			
Vacant stare/glassy eyed				Sensitivity to noise			

If any of the above signs or symptoms worsen, seek medical attention immediately!

Other findings/comments:

Parents notified: _____ Time: _____ EMS notified: _____ Time: _____

Disposition of student: _____ By what means: _____ With whom: _____

Evaluator's signature: _____ Title: _____

Date: _____

REVIEWED BY: _____

PHYSICIAN EVALUATION FORM FOLLOWING HEAD INJURY

Name: _____ Date of Birth: _____

Date of Evaluation: _____ Time of Evaluation: _____

SYMPTOMS OBSERVED AT TIME OF EVALUATION

Loss of orientation	YES	NO	Headache	YES	NO
Neck pain	YES	NO	Slurred speech	YES	NO
Dizziness	YES	NO	Nausea/vomiting	YES	NO
Weakness	YES	NO	Numbness	YES	NO
Ringling in ears	YES	NO	Fatigue/low energy	YES	NO
Drowsy/sleepy	YES	NO	Feeling “dazed”	YES	NO
“Don’t feel right”	YES	NO	Poor balance/coordination	YES	NO
Memory problems	YES	NO	Seizure	YES	NO
Blurred vision	YES	NO	Sensitivity to light	YES	NO
Vacant stare/glassy eyed	YES	NO	Sensitivity to noise	YES	NO
Anterograde amnesia	YES	NO	Retrograde amnesia	YES	NO

Additional findings/comments: _____

Recommendations/limitations: _____

Neurology/sport medicine referral: YES NO CT or MRI ordered: YES NO

Follow-up visit scheduled: YES NO
➤ If “yes,” date of next visit: _____

Final Determination for Return to Play:

Is the athlete ready to begin a return to play progression? YES NO

➤ Student must be completely symptom free in order to begin the return to play progression

Additional comments: _____

Signature: _____ Date: _____

Return to Play Protocol Following Head Injury/Concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

I. Returning to participate *on the same day of injury*

- A. An athlete who exhibits signs or symptoms of head injury/concussion should NOT be permitted to return to play on the day of injury. Any athlete who denies symptoms, but has abnormal findings, should be held out of activity.
- B. “When in doubt, hold them out.”

II. Return to play *after concussion*

- A. The athlete must meet **all of the following** criteria in order to progress to activity:
 - 1) Asymptomatic at rest **and** with exertion (including mental exertion in school);
 - 2) Within normal range of baseline on postconcussion ImPACT testing, if applicable; AND
 - 3) Have written clearance from the primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an emergency room physician).
- B. Once the above criteria are met, the athlete will be progressed back to full activity following a step-wise process (as recommended by the International Conference on Concussion in Sport, Prague 2004).

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

REHABILITATION STAGE	FUNCTIONAL EXERCISE	OBJECTIVE OF EACH STAGE
1) No activity	Complete physical and cognitive rest	Recovery
2) Light aerobic exercise	Walking, stationary bike, no resistance training	Increase heart rate
3) Sport specific exercise	Running, skating, no head impact activities	Add movement
4) Noncontact training drills	Progression to more complex training drills, i.e. passing drills; may start resistance training	Exercise, coordination, and cognitive function
5) Full contact practice	Normal training / practice activities	Restore confidence and assess functioning by coaching staff
6) Return to competition	Normal game play	

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after twenty-four hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

PROGRESS OF ACTIVITY FOR RETURN TO PLAY FOLLOWING CONCUSSION

Name: _____ Grade: _____ PE Class: _____ Current PE Activity: _____
 Date of Injury: _____

Date of MD Visit: _____ (attach note) MD Name: _____ Does the student play a sport? yes (if yes, which sport: _____) no

Progress of Activity Form Start date: _____ Completion date: _____

REHABILITATION STAGE	FUNCTIONAL EXERCISE	OBJECTIVE OF EACH STAGE
Step 1: No activity	Complete physical and cognitive rest	Recovery
Step 2: Light aerobic exercise	Walking, stationary bike, no resistance training	Increase heart rate
Step 3: Sport specific exercise	Running, skating, no head impact activities	Add movement
Step 4: Noncontact training	Progression to more complex training drills i.e. passing drills; may start resistance training	Exercise, coordination and cognitive function
Step 5: Full contact practice/PE	Full contact training drills and intense aerobic activity	Restore confidence and assess functioning by coaching/PE staff
Step 6: Return to full activities	Full practice/competitive play without restrictions	Return to full competitive activities, without restriction

***If concussion symptoms reoccur, the student/athlete should drop back to the previous level and try to progress after 24 hours of rest.**

The student/athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on computer, and/or test taking.

	DATE	ACTIVITY	P A S S	FAIL <i>(if fail, retest in 24 hours)</i>	POSTACTIVITY COMMENTS	RETEST DATE <i>(if applicable)</i>	P A S S	FAIL <i>(if fail, retest in 24 hours)</i>	NAME OF EVALUATOR <i>(Include printed name, title, and signature)</i>
Step 1									
Step 2									
Step 3									
Step 4									
Step 5									
Step 6									

Additional comments:

School Nurse signature: _____ Date: _____ School Physician signature: _____
 _____ Date: _____