



Dear Parent or Guardian,

While participating in athletics on (date) _____ your son/daughter _____ sustained a head injury that appears to be a concussion or brain injury. This information sheet should answer your questions about concussions and treatment.

Your student-athlete's safety is our main priority. Your student-athlete will not be able to return to activity until a licensed health care professional (MD/DO) or your child's certified athletic trainer has determined that it is safe to do so with written clearance from a licensed health care professional (MD/DO). You should take your student-athlete to his/ her primary care physician. Your son/daughter has been given a "Medical Report from Doctor to the ATC regarding head injuries" form that needs to be completed by a licensed health care professional (MD/DO) and returned to the ATC **with** a doctor's office stamp. If the licensed health care professional does not diagnose a concussion the doctor's note must say **no** concussion suspected and the student-athlete will complete a modified return-to-play (RTP) protocol. Your student-athlete must have written medical clearance from a licensed health care professional to begin the PHS supervised RTP protocol and will take a post-injury ImPACT test (depending on sport) during stage 1 of the RTP protocol. If you have any questions or concerns please call me at the number listed below.

Sincerely,

Becca Loeza, MS, ATC, EMT
Portola High School, Head Athletic Trainer
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Why am I getting this information sheet?

You are receiving this information sheet about a concussion because of California state law AB 25 (effective January 1, 2012), now Education Code §49475:

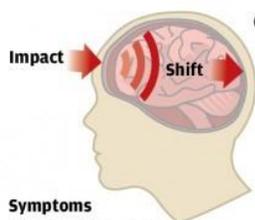
1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and being practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

What is a concussion?

A concussion is a mild traumatic brain injury, which results in a temporary disruption of normal brain function and may cause immediate, short-term or long-term impairment of neurological function. A concussion can be caused by a bump, blow or jolt to the head or body, that may or may not result in loss of consciousness. A student-athlete does not have to lose consciousness ("knocked-out") to suffer a concussion. A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (Second Impact Syndrome).

Traumatic head injuries

A concussion occurs when a blow to the head results in the brain slamming against the skull.



Concussion

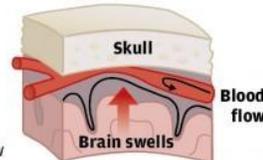
Brain collides with skull, which can cause bruising, torn tissues and swelling.

Symptoms

Headache, dizziness, confusion, nausea, difficulty hearing and seeing, lack of concentration

Second impact syndrome

When a player who is not fully recovered from a concussion suffers a second blow to the head, it can be fatal.



Massive swelling of brain
Cuts off flow of fresh blood to brain

A concussion may cause multiple symptoms. Signs and symptoms of a concussion may not be present immediately after the injury but may develop over the next several days or weeks. The symptoms may be subtle. Signs and symptoms must be taken seriously and accurately reported by the student-athlete.

Signs and Symptoms

- Blood or clear fluid coming from ears or nose
- Blurred vision
- Double vision
- Trouble focusing eyes
- Confusion
- Dizziness
- Drowsiness/ sleepiness
- Easily distracted
- Fatigue
- Feeling “in a fog”/ “slowed down”
- Headache, particularly at a specific location
- More emotional
- Irritability
- Loss of appetite
- Loss of consciousness
- Loss of orientation
- Nonreactive pupils and/or unequal pupils size
- Memory Problems
- Nausea
- Nervousness
- Personality change
- Poor balance/ coordination
- Poor concentration
- Ringing in ears
- Seeing stars/spots
- Sensitivity to light
- Sensitivity to noise
- Slurring of speech
- Stiffening in the neck
- Vacant stare
- Glossy/“red” eyes
- Vomiting
- Unusual or bizarre behavior
- Weakness in arms or legs
- Trouble falling asleep
- Sleeping more/less than usual
- Off-balance

When should I take my child to the doctor?

All student-athletes who are suspected of sustaining a concussion will need to be evaluated by a licensed health care professional that is familiar with sports concussion diagnosis and management (MD/DO). You should call your student-athlete’s physician and explain what has happened. A follow up appointment should be scheduled with your primary care doctor or a sports concussion specialist if directed by your personal physician.

If any of your student-athlete’s signs or symptoms are worsening they should be taken to the emergency department IMMEDIATELY. Additional symptoms to watch for that would require you to call your doctor or go to the emergency department IMMEDIATELY include:

Headaches that worsen	Very drowsy	Can’t recognize people or place
Seizures	Repeated vomiting	Increasing confusion

Significant Neck Pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Abnormal pupils

What is the home care?

- After a concussion, parents should frequently observe and evaluate their student-athlete throughout the recovery.
- Your student-athlete, who has sustained a concussion, should not under any circumstances, drive a vehicle home, to the doctor, to the hospital or school until symptoms resolve and/or cleared by a MD/DO.
- Your student-athlete should avoid all activities that may increase symptoms such as physical activity, staying up late, computers, phones, video games, handheld electronic devices and/or TV.
- Your student-athlete should not be left alone and should be checked throughout the night (do not waken athlete).
- It is OK to let your student-athlete sleep. *The student-athlete should be awakened every two hours during the night if he/she experience (1) loss of consciousness, (2) prolonged period of memory loss, (3) continued significant symptoms prior to bed time and/or (4) advised by MD/DO to awaken athlete.*
- It is OK to use an ice pack on the head and neck for comfort.

Medications?

Please avoid any medications that contain aspirin or non-steroidal anti-inflammatory properties. Medications can mask signs and symptoms of the concussion and can cause an increase in intracranial bleeding, which can lead to serious injury. Medications **NOT** allowed are:

- Aspirin
- Ketoprofen/Ibuprofen
- Advil
- Motrin
- Acetaminophen
- Bayer
- Aleve
- Celenrex
- Bextra
- Narcotic pain medications
- Codeine

** Medications should be given only after consulting a physician.*

When can a student-athlete return to play following a concussion?

After suffering a concussion, no student-athlete should return to play or practice on that same day. Studies have shown that a young brain does not recover quickly enough for a student-athlete to return to activity in such a short time. Your student-athlete should *not participate in any HIGH-risk activities that may result in head injury such as physical education class, recreational play, ride a bike or skateboard and club sports until cleared by a licensed health care professional (MD/DO).*

Once a student-athlete no longer has symptoms of a concussion for a minimum of 48 hours and is cleared to return to physical activity by a licensed health care professional knowledgeable in the care of sports concussions, he or she should proceed with activity in a supervised step-wise fashion to allow the brain to

re-adjust to exertion. This should occur over a minimum of 8 days. (**See Return to Play Protocol**)

The rate of progression and final clearance is determined by the medical team and will be based on test results, evaluation findings, return to learn process and the student-athlete's ability to tolerate the return to play protocol. The conditions to progress a student-athlete will depend on:

- Post-concussive symptoms, which have been found to be more predictive of outcome than initial symptoms. The student-athlete will be monitored for recurrence of symptoms during each step in the progression. Post-concussive symptoms vary greatly from person to person. Therefore, all factors surrounding the student-athlete are carefully considered when determining progression.
- If the student-athlete experiences symptom recurrence, he/she will be held from activity for at least 24 hours and until symptoms resolve. Once symptoms have resolved for at least 24 hours, the student-athlete will be directed by the health care provider to resume activity at the previous asymptomatic phase.
- Each concussion will be treated individually and progression is dependent on symptom presentation, neuro-cognitive testing and physical/occupational/speech therapy evaluation findings.
- Open communication between the student-athlete, coaching staff, medical doctor, counselors, nurses, teachers and certified athletic trainer will occur to ensure a seamless return to learn process and return to play protocol.

The student-athlete will be given a post-injury ImPACT test (depending on sport) in stage 1 of the return to play (RTP) protocol that will be interpreted by a physician and/or ATC knowledgeable in concussion management. The ImPACT results will be used in conjunction with the entire history and assessment to help determine "return to play" status. As each sports concussion is unique, the concussion management plan will be individualized for each student-athlete. The ultimate goal of the concussion program is to return the athlete to school while being cautious of the head injury and allow a safe return to play, as well as minimizing any long-term health problems from a concussion.

****The Medical Report from Doctor to the ATC regarding head injuries must be signed, stamped and returned to your school certified athletic trainer and/or with a doctor's note prior to beginning the RTP protocol.***

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within one week of the initial injury. However, in some cases symptoms may last for several weeks, or even months. That is why it is important to follow directions given by the licensed health care professional (MD/DO) and certified athletic trainer.

What is the BEST treatment to help my student-athlete recover more quickly from a concussion?

REST. The best treatment for a concussed student-athlete is to rest, both physically and mentally. We like to call these "caveman" days. There are no medications that can speed up the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones may worsen the symptoms of a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

How can a concussion affect schoolwork (Return to Learn Process)?

Following a concussion, many student-athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the student-athlete's class load early after the injury. This may include **staying home** from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. **If a student-athlete misses school, please contact the school's attendance office and send your student-athlete back to school with a doctor's note form a medical doctor (MD/DO) excusing absences.** Decreasing the stress on the brain early after a concussion may lessen symptoms and shorten the recovery time.

Your student-athletes counselor will be notified that your son/daughter sustained a concussion. They will then notify their teachers that your son/daughter might require some extra time to complete their assignments or that your son/daughter might require other academic accommodations, such as pre-written notes. The school nurse and/or nurse clerk will be notified.

There must be 24 hours asymptomatic between each stage of the RTL process (Stage 0 is a minimum of 48 hours). If at any point the symptoms return, the student-athlete must go back to the previous stage. RTL process varies with each athlete and all stages may not be necessary. The student-athlete must complete the RTL process before stage 6 of the RTP protocol. RTL process is supervised by the counselor, teachers, school nurse and certified athletic trainer under the clearance of a licensed health care professional (MD/DO). (**See Return to Play Process**)

When should the student-athlete see a sports concussion specialist?

Any student-athlete who has had significant or recurrent head injuries or the symptoms persist beyond 5-7 days may benefit from an evaluation from a pediatric sports concussion specialist. Your personal physician may also recommend a referral if they have any concerns or need further assistance with your student athlete's concussion management. Neuropsychological testing, which should be part of the evaluation when possible, can be helpful to assist with return to learn and physical activity. (2010 AAP Sport-Related Concussion in Children and Adolescents)

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**Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports," the CHOC Children's Sports Medicine department and CIF State. Please go to www.cdc.gov and/or <http://cifstate.org/sports-medicine/concussions/index> for more information.*