



Lincoln Public Schools



HOME INSTRUCTIONS FOR PARENTS AND CONCUSSED ATHLETE North Star High School Athletic Training

Justin Eggleston, LAT, ATC - jeggle@lps.org | Tyler Vrba, MSE, LAT, ATC - tvrba@lps.org
LNSAthleticTraining.weebly.com | (402) 436-1305 ext. 65403

Athlete Name: _____ Date of Injury: _____ Sport/Activity: _____

Parent/Guardian Name: _____ Phone: _____

1. Your student is showing the following signs and/or symptoms of a concussion/head injury:

SYMPTOMS Reported by Student	SIGNS Observed by Health Office/Athletic Trainer	SIGNS Observed by School Staff	VOMS
<input type="checkbox"/> Headache <input type="checkbox"/> Nausea, Vomiting <input type="checkbox"/> Balance Problems or Dizziness <input type="checkbox"/> Blurry or Double Vision <input type="checkbox"/> Sensitivity to Light <input type="checkbox"/> Sensitivity to Noise <input type="checkbox"/> Pain Other than Headache <input type="checkbox"/> Feeling "in a fog" <input type="checkbox"/> Feeling Slowed Down <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Difficulty Remembering <input type="checkbox"/> Trouble Falling Asleep <input type="checkbox"/> Fatigue or Low Energy <input type="checkbox"/> Drowsiness <input type="checkbox"/> Feeling More Emotional Than Usual <input type="checkbox"/> Irritability <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness	<input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Seizure Activity <input type="checkbox"/> Can't Recall Events Prior to incident <input type="checkbox"/> Can't Recall events after Incident <input type="checkbox"/> Disoriented (as to self, place, time) <input type="checkbox"/> Confusion (as to incident, events) <input type="checkbox"/> moves Clumsily, Unsteady <input type="checkbox"/> Appears Dazed, Stunned <input type="checkbox"/> Memory Problems <input type="checkbox"/> Answers Questions Slowly <input type="checkbox"/> Asks Same Questions Repeatedly <input type="checkbox"/> Vacant Stare, Glossy-Eyed <input type="checkbox"/> Easily Distracted <input type="checkbox"/> More Emotional <input type="checkbox"/> Behavioral/Personality Changes <input type="checkbox"/> Unusually Irritable	<input type="checkbox"/> Increased Problems Paying Attention or Concentrating <input type="checkbox"/> Increased Problems Remembering or Learning New Information <input type="checkbox"/> Longer Time Needed to Complete Tasks or Assignments <input type="checkbox"/> Difficulty Organizing Tasks or Shifting Between Tasks <input type="checkbox"/> Inappropriate or Impulsive Behavior During Class <input type="checkbox"/> Greater Irritability <input type="checkbox"/> Less Ability to Cope With Stress <input type="checkbox"/> More Emotional Than Usual <input type="checkbox"/> Difficulty Handling a Stimulating School Environment (lights, noise, etc) <input type="checkbox"/> Physical Symptoms (headache, dizziness, nausea, visual problems)	<p>Saccades</p> <p>Horiz: + or -</p> <p>Vert: + or -</p> <p>Diag: + or -</p> <p>Convergence</p> <p>_____ cm</p> <p>Divergence</p> <p>_____ cm</p> <p>Bal: + or -</p>

*CDC Heads Up To Schools. "Returning to School After A Concussion: A Fact Sheet For School Professionals"
Adapted from Nebraska Sports Concussion Network: Home Instructions for Parents & Concussed Athlete (Aug. 2017)*

2. The following steps were taken for your son/daughter by coaches or school personnel:

- | | |
|--|--|
| <input type="checkbox"/> Removed from participation | <input type="checkbox"/> Checked if immediate emergency care was needed |
| <input type="checkbox"/> Checked for a neck/spinal injury | <input type="checkbox"/> Continued to be observed/monitored by coaches & school staff |
| <input type="checkbox"/> Informed them of the need to be evaluated by appropriate licensed healthcare professional (MD, DO, Athletic Trainer, Neuropsychologist) | <input type="checkbox"/> Restricted from any further participation and exertional activities |
| | <input type="checkbox"/> Assessed orientation, memory, concentration, and balance |

3. The school/organization directs your son/daughter to be evaluated by an appropriate licensed healthcare professional (LHCP), i.e. MD, DO, Neuropsychologist, or Athletic Trainer, AND your son/daughter will need written clearance from a LHCP, and written permission from you—the parents/guardian, before your son/daughter can be allowed to return to activity or athletic participation (Nebraska Concussion Awareness Act, 2012).

Please Review Reverse Side for Additional Information Regarding Concussions

4. Observing and Monitoring Signs & Symptoms of a Concussion

In some instances, Signs & Symptoms of a concussion may not become apparent until several hours or even days after the injury. Therefore, your son/daughter needs to be monitored closely over time, and checked at regular intervals for any of Signs and Symptoms listed on the front side of this form. A good guideline is to note signs/symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. **Please be especially observant for signs and symptoms listed below. The following indicate the need to report immediately to the nearest emergency department for medical care, or in an emergency, to activate Emergency Medical Services (EMS) by dialing 911:**

1. Headaches that increase in intensity
2. Repeated Vomiting
3. Decreased or irregular pulse OR respiration
4. Unequal, dilated, unreactive pupils
5. Slurred speech
6. Seizure activity
7. Changes in level of consciousness, very drowsy, difficulty awakening, or losing consciousness
8. Can't recognize people or places, or becomes increasingly confused

If you have any question or concern about the signs or symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below.

It's OK to	There is NO need to	DO NOT
<ul style="list-style-type: none"> • Go to sleep • Rest—periodic naps when fatigued/tired • Use acetaminophen (Tylenol) for headaches • Use ice pack on head/neck for comfort • Eat a light diet, carbohydrates • Drink fluids, stay hydrated 	<ul style="list-style-type: none"> • Check eyes with a flashlight • Wake up every hour, unless directed by a physician/LHCP • Test reflexes • Stay in bed 	<ul style="list-style-type: none"> • DO NOT exercise or lift weights • DO NOT do strenuous activity including PE, at work, play sports, video games, texting, or use computer • DO NOT take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications (NSAID) • DO NOT drive vehicle while having symptoms • DO NOT drink alcohol

Adapted from National Athletic Trainers Association Position Statement: Management of Sports-Related Concussion. J Athl. Trng. 2014;49(2):245-265.

Returning to School	Returning to Sport	Stepwise Return to Play Progression
<p>In some circumstances, the following recommendations may be indicated by the licensed healthcare professional (LHCP) treating your son/daughter, with supportive accommodations or modifications provided by school personnel.</p> <ol style="list-style-type: none"> 1. No school 24-48 hrs., but typically no more than 5 days; shortened school day; time restriction on school day. 2. Shortened class time; limited work on computer, focused reading, or analytical problem solving; withhold from PE. 3. Extra time to complete coursework/ assignments/tests; assistance with instruction. 4. Reduced homework load; time restriction on homework. 5. Refrain from significant test taking, or standardized testing. 6. Frequent rest breaks during day as needed. 7. If it becomes apparent recovery may exceed several months or more, may need to consider an Individualized Educational Plan (IEP) or a 504 Plan. <p>Symptoms are to be monitored regularly during recovery. Gradually increase school activity when symptoms begin to subside/decrease. Decrease school activity if symptoms increase or return at any time.</p>	<p>Once an athlete is removed from activity due to a suspected concussion, the following steps must be followed for returning to full sports participation and playing in contests.</p> <ol style="list-style-type: none"> 1. Evaluation by an appropriate licensed healthcare professional (LHCP), i.e. MD/DO, Athletic Trainer, or Neuropsychologist. 2. Athlete must first be symptom-free at rest, and remain symptom-free during progressive physical and mental exertion. 3. Written clearance from designated LHCP, and written permission from parent/guardian. 4. When available, Post-Injury Neurocognitive Test Scores (ImPACT Test) return to normal (baseline). 5. Follow and complete "Stepwise Return to Play Progression" while remaining symptom-free before playing in contests. 	<p>After completing the Return To Learn protocol and Step 1 below, allow 24-48 hours to elapse between steps, as directed by your LHCP.</p> <p>Step 1 Follow Return to Learn Guidelines until symptom-free at rest. Symptom-limited activity after initial 24-48 hrs. of rest;</p> <p>Step 2 Light aerobic, low level activity; no weight-lifting or resistance training;</p> <p>Step 3 Sport/Position specific condition drills, light-to-moderate weight-lifting and resistance training;</p> <p>Step 4 Restricted practices, non-contact, non-live practice drills.</p> <p>Step 5 Full, unrestricted practices, live scrimmage drills.</p> <p>Step 6 Full game/competition play.</p>