



Oak Lawn Community High School

Return To Learn / Return To Play Policy

This protocol is intended to provide an outline of the procedures we follow during the course of the school day, as well as contests/matches/events, when a student or athlete sustains an apparent concussion. For the purposes of this policy, appropriate health care professionals are defined as: physicians licensed to practice medicine in all its branches in Illinois, and certified athletic trainers. It is the recommendation of this committee that parents seek care from one of the local concussion specialists that are referenced at the end of this packet. Parents of athletes are especially encouraged to first see our athletic training staff, or in an emergency, take your child to nearest hospital.

Oak Lawn Community High School has adopted a policy regarding student and athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws of the Illinois High School Association.

A concussion is a traumatic brain injury that interferes with normal brain function. A child does NOT have to lose consciousness (be “knocked out”) to have suffered a concussion. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.**

A child who exhibits signs, symptoms, or behaviors consistent with a concussion such as, but not limited to, loss of consciousness, headache, dizziness, confusion, difficulty concentrating or balance problems, shall be immediately removed from the contest and shall not return to play or physical activity until cleared by an appropriate health care professional.

ImPACT Testing

Developed by clinical experts who pioneered the field, ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT provides trained clinicians with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices -- as part of determining safe return to play decisions. Each athlete that competes in a contact sport must have a baseline ImPACT test on file every two years. This baseline test is used to compare to the results of a post-injury ImPACT test that the athletes must take after suffering a concussion. The athlete may not be cleared until the post-injury ImPACT test results are within the ranges of their baseline scores.

Note: Only OLCHS athletes are impacted tested and will have baseline scores for comparison. All OLCHS students who report to the school of a possible concussion will be evaluated using the SCAT 5 evaluation tool.

The ImPACT Test is:

- One important piece of the overall concussion evaluation and management process.
- A sophisticated test of cognitive abilities.
- The most scientifically researched concussion management tool.
- A tool that can help health care professionals track recovery of cognitive processes following concussion.
- A tool to help communicate post-concussion status to athletes, coaches, parents, clinicians.
- A tool that helps health care professionals and educators make decisions about academic needs following concussion.

The ImPACT Test is not:

- A "panacea" or cure-all for concussion, as there is no such thing. As long as contact to the head occurs, concussion will continue to happen.
- A tool to diagnose concussion, which should always be diagnosed by a qualified health care provider.
- A substitute for medical evaluation and treatment

The SCAT 5 Test is:

- Universally recognized as the leading evaluation tool for recognizing possible concussions
- The SCAT5 is a standardized tool for evaluating injured athletes for concussion, and can be used in athletes age from 13 years and older
- The SCAT5 is for use by medical professionals.
- The SCAT5 scoring summary includes the following sections: symptom evaluation, cognitive assessment, balance examination, and coordination examination.
- The diagnosis of a concussion is of clinical judgment, it should be made by a medical professional.

When you suspect that a student or player has a concussion, follow the “Heads Up” 4-step action plan.

1. Remove the athlete from play or student from class/activity
2. Ensure that the athlete is evaluated by an appropriate health care professional.
3. Inform the athlete’s parents or guardians about the possible concussion and provide them this packet of information on concussion and concussion management as well as child’s SCAT 5 results.
4. Keep the student out of physical activity or athlete out of play the day of the injury and until an appropriate health care professional says he or she is symptom-free and gives the okay to return to activity.

Return To Play Protocol

After suffering a concussion, no student should participate in physical activity or athlete should return to play or practice on that same day.

Once an athlete no longer has signs, symptoms, or behaviors of a concussion **and is cleared to return to activity by a health care professional**, he or she should proceed in a step-wise fashion to allow the brain to readjust to exercise. In most cases, the athlete will progress **one step each day**. The return to activity program schedule may proceed as below following medical clearance:

Progressive Physical Activity Program

Step 1: Light aerobic exercise, 10-15 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise

Step 2: Moderate aerobic exercise 15-30 minutes. May include, but not limited to, running at moderate intensity in the gym or on the field without a helmet or other equipment, pushups, burpees, core exercises.

Step 3: Non-contact training drills in full uniform. May also include, but not limited to, running in the gym or on the field, sprints, pushups, burpees, core exercises. Athlete may begin weight lifting, resistance training, and other exercises.

Step 4: Full contact, no limitation practice or training.

Step 5: Full game play.

If at any time symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed during the return to activity program, the athlete must discontinue all activity for 24 hours and be re-evaluated by their health care provider. The progressive physical activity program must also be restarted from the beginning if any symptoms are to re-occur. Non-athletes should request to see school nurse if symptoms occur during school day.

Note: This return to play protocol is intended for athletes primarily. Any OLCCHS student that is diagnosed with a concussion should remain out of physical education activities until cleared to return by appropriate health care professional.

Return To Learn Protocol

Students and athletes recovering from a concussion may find it stressful to keep up with the academic demands of the classroom. The physical strain to the eyes and brain can lead to dizziness, fatigue, headaches, as well as emotional changes such as feelings of sadness, anxiety, depression. This can affect the student's ability to perform in the classroom. In order to accommodate student and athletes suffering from a concussion the athletic office, working in conjunction with our training staff, nurses office, and student services office, will assist the student(s) in providing academic support through various resources of the district.

When an OLCCHS student and/or athlete is diagnosed with a concussion, the nurse's office and/or athletic office will inform the student's teachers asking they provide the following accommodations for a period of time no less than 5 school days and may be extended should the student continue to exhibit symptoms:

- Extended period of time to complete assignments & assessments
- Completing assignments and/or assessments in parts
- Excuse from physical activities conducted in class
- Use of a reader for assignments and assessments
- Relocation to darker and quieter setting for assignment and/or assessment completion
- Release from having to complete assignments and/or assessments
- Hard copies of notes taken in class
- Classmate assistance on assignments

Note: The above accommodations are also extended to any OLCCHS student that is diagnosed with a concussion. When any OLCCHS student is released during the school day due to evaluation of possible concussion, the nurse's office and/or attendance office staff will notify the athletic office so that coaches and athletic training staff can be notified as well. All SCAT 5 assessments used by athletic trainers and nurse's office staff will be shared with each other, as well as provided to parent when receiving this protocol.

Rationale:

Studies have shown that students can prolong their injury if exposed prematurely to high cognitive demand. Shortly after suffering from a concussion a student's information processing speed and ability to handle full workloads may be impeded. Without allowing for accommodations a student's condition can possibly worsen or delay recovery. It is important to limit stimuli and distractions to allow for a quicker recovery.

Absences reported by student/athlete's parent will be evaluated by the school nurse, in conjunction with our athletic training staff, on a case-by-case basis. Students and athletes that have been diagnosed with a concussion are requested to be excused from any and all physical activity and/or activities that exacerbate their symptoms, including but not limited to: show choir, choir, band, and PE class.

In situations where the student/athlete has academic accommodations put into place, they will be allowed to see the nurse to rest when their symptoms are provoked by schoolwork.

Accommodations may come in the form of physician or athletic trainer recommendation, and will be assumed to be in place from the time of entry into the concussion protocol until given notice by nurse, trainer, or athletic office.

ACKNOWLEDGEMENT & CONSENT

No athlete can return to athletic practice or play until they are released by a certified concussion management physician, parental guardian, and school athletic trainer. By signing below you acknowledge you have thoroughly read through the above policy and agree that your child has fully recovered from their concussion according to the above criteria and can return to their athletic program:

NOTE: Signature of this form is not required if parent of a non-athlete. Parents of non-athletes should stay in communication with nurse's office through diagnosis and inform when child has been cleared by the appropriate healthcare professional. All parents are again encouraged to see local concussion specialists identified on the back of this packet. Please direct any questions or concerns to school nurse's office or athletic office.

(Parental Guardian)

(Primary Phone)

(Certified Concussion Management Physician)

(Primary Phone)

(District or Contracted Athletic Trainer)

Note: Parent must also signed IHSA Post Concussion form as required to return to IHSA athletic competition. See next page

Acceptable Concussion Management Physicians

Sangili Chandran, M.D. MS
Family Medicine Center
4140 Southwest Highway
Hometown, IL 60456
T: (708) 422-5700
F: (708) 422-8225

Ginny Hendricks, MD
Little Company of Mary Medical Group
2850 W. 95th St. Suite 101
Evergreen Park, IL 60805
T: (708) 425-9550
F: (708) 229-6084

Beverlee Brisbin, MD, FAAFP
MidAmerica Hand and Shoulder Clinic
10330 S. Roberts Road
Palos Heights, IL 60465
T: (708) 237-7200
F: (708) 237-7201

Joshua Blomgren, D.O.
Midwest Orthopedics at RUSH
Adult & Pediatric Sports Medicine
2450S Wolf Rd Suite F
Westchester, Il 60154
T: (630) 339-2238
F: (708) 409-5179

*Any certified and licensed neurologist will also be acceptable.