

**Owatonna High School  
Athletic Training Department**

**CONCUSSION PACKET**

(12/2015)

**DATE:**

**NAME:**

**SCHOOL:**

**GRADE:**

**SPORT/LEVEL:**

**DATE OF INJURY:**

**TIME OF INJURY:**

**BASELINED: Yes No**

**Past History of Concussion: Yes No**

**Consulting Physician:**

**OHS ATHLETIC TRAINING DEPARTMENT**

**ATR Office: 507-444-8828**

**TC: 507-213-1924 [tcarlyle@owatonna.k12.mn.us](mailto:tcarlyle@owatonna.k12.mn.us)**

**Owatonna Clinic: 507-451-1120**

**Owatonna Hospital ED: 507-977-2100**

Owatonna High School  
Athletic Training Department

**CONCUSSION: Return to Play Protocol**  
**Progressive Steps**  
(12/2015)

**PLEASE NOTE:** Keep all forms in a file and turn them in to the OHS Athletic Training Department to be filed!

**RETURN TO PLAY PROTOCOL Progressive Steps:**

- You have already seen a physician or you will be seeing a physician shortly.
- Consists of Six Levels with a minimum of 24 hours between levels.
- Only a physician can alter the sequence of levels.
- Level 1 is the initial period of recovery level and generally takes a few days or more.
- With this stepwise progression, the athlete should be able to continue to proceed to the next level if asymptomatic at the current level.
- However, if any post-concussion symptoms occur, the athlete should drop back to the previous asymptomatic level and try to progress again after 24 hours.

The Six Levels consist of:

Level 1 = No activity, complete physical and cognitive rest until all symptoms have resolved

Level 2 = Light Aerobic Exercise; 10+ mins. walking or stationary cycling,  
NO resistance training.

Level 3 = Sport Specific Exercise; Cardio workout x 20+ mins., No resistance training.

Level 4 = Non-Contact Practice/Training Drills; Resistance training okay.

Level 5 = Full contact training

Level 6 = Game/Event Play

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**FIRST STEP!**

**Level 1:** No activity, complete physical and cognitive rest until all symptoms have resolved.

A). Understand the individual may or may not be at this Level for some time.

B). Complete the “Daily 22 Plus” forms each day and place them in a file until all symptoms have resolved (i.e. returned to “Zero”).

1). Pick a consistent time each day (i.e. 3 pm) to fill out the “Daily 22 Plus” form; complete even on weekends and holidays!

2). Make sure to have the individuals name and date filled in on each “Daily 22 Plus” form and keep them all together in a file!

3). SAVE ALL “Daily 22 Plus” forms, even the blank ones as you will continue to need them for the next steps!

4). You may need to make additional copies of the “Daily 22 Plus” form if you start running low!

C). Once asymptomatic (all symptoms have resolved, i.e. returned to “Zero”), you are ready for STEP TWO.

## STEP TWO

Once asymptomatic (all symptoms have resolved; returned to “Zero”) contact the OHS Athletic Training Department to set up a time to be tested on the Impact Concussion Computer Test.

A). Once you have finished taking the Impact test, the physician will be contacted (usually by text message) and they will review the results (they have computer access to the test from their office).

B). The physician will then inform the OHS Athletic Training Department as to whether the individual passed the test and, if so, which Level the individual may proceed to.

C). The OHS Athletic Training Department will then inform the athlete and their parents of this information.

D). If you DID NOT pass the test, you will stay at Level 1 and continue taking the “Daily 22 Plus” forms until you are ready to re-test (usually 24 hours).

E). If you DID pass the test, you will need to find the form titled “Post Concussion LEVELs Tracking Form” within the Concussion Packet.

F). If you DID pass the test, you are now ready for STEP THREE!

## STEP THREE

**You have passed STEP ONE and STEP TWO and are now ready to begin the Return to Play Level Protocol.**

**A). Find the form titled “Post Concussion LEVELs Tracking Form”, fill out the top of the form and read the directions!**

**B). You will need “Daily 22s Plus” forms in order to complete all six Levels so be sure to have copies.**



**Post Concussion LEVELs Tracking Form  
(12/2015)**

Name: \_\_\_\_\_ Sport/Level: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE:** Return this form and all “Daily 22s Plus” forms to OHS Athletic Training Department to be filed in your athlete’s file.

Your athlete has been seen by a physician and successfully completed the requirements to begin the Return to Play Level Progression. There must be 24 hours between each Level!

(Information:: TC @ 507.213.1924 or tearlyle@owatonna.k12.mn.us)

Please complete the following and check off each item as you advance from Level to Level and Return to Play:

\_\_\_ LEVEL 3: 20+ Minute Cardio Workout Date/Time: \_\_\_\_\_  
\_\_\_ 20+ minute cardio workout completed  
\_\_\_ Fill out a Daily 22 form  
\_\_\_ Turn the Daily 22 form in to the OHS Athletic Training Dept OR take a picture and text or email the form to TC. Keep the hard copy of the Daily 22 form.  
\_\_\_ TC’s response: \_\_\_ Remain at this Level OR \_\_\_ Advance to the next Level

\_\_\_ LEVEL 4: NON-Contact Practice Date/Time: \_\_\_\_\_  
\_\_\_ Complete the NON-Contact Practice  
\_\_\_ Fill out a Daily 22 form  
\_\_\_ Turn the Daily 22 form in to the OHS Athletic Training Dept OR take a picture and text or email the form to TC. Keep the hard copy of the Daily 22 form.  
\_\_\_ TC’s response: \_\_\_ Remain at this Level OR \_\_\_ Advance to the next Level

\_\_\_ LEVEL 5: Contact/Regular Practice Date/Time: \_\_\_\_\_  
\_\_\_ Complete the Contact/Regular Practice  
\_\_\_ Fill out a Daily 22 form  
\_\_\_ Turn the Daily 22 form in to the OHS Athletic Training Dept OR take a picture and text or email the form to TC. Keep the hard copy of the Daily 22 form.  
\_\_\_ TC’s response: \_\_\_ Remain at this Level OR \_\_\_ Advance to the next Level

\_\_\_ LEVEL 6: Return to Play Date/Time: \_\_\_\_\_ \*

\_\_\_ Complete the Return to Play (i.e. practice or event)  
\_\_\_ Fill out a Daily 22 form  
\_\_\_ Turn the Daily 22 form in to the OHS Athletic Training Dept OR take a picture and text or email the form to TC. Keep the hard copy of the Daily 22 form.

**PLEASE NOTE:** Return this form and all “Daily 22s Plus” forms to OHS Athletic Training Department to be filed in your athlete’s file.

## GENERAL CONCUSSION INFORMATION

Most injuries will be simple concussions.

Simple concussions generally recover spontaneously over several days.

It is expected that an athlete will proceed rapidly through the stepwise return to play strategy or protocol.

Once someone has sustained a concussion, we want to recognize and monitor the individual for signs and symptoms

### Understanding Signs versus Symptoms:

1). Signs are observed by another individual:

- A). Appears dazed and stunned
- B). Is confused about assignment or position
- C). Forgets sports plays
- D). Is unsure of game, score, or opponent
- E). Moves clumsily
- F). Answers questions slowly
- G). Loses consciousness (even briefly)
- H). Shows behavior or personality changes
- I). Can't recall events prior to hit or fall
- J). Can't recall events after hit or fall

2). Symptoms are reported by the individual: (We typically track 22 plus symptoms using our "Daily 22 Plus" form):

- A). Headache or "pressure" in head
- B). Nausea or vomiting
- C). Balance problems or dizziness
- D). Double or blurry vision
- E). Sensitivity to light or noise
- F). Feeling sluggish, hazy, foggy, or groggy
- G). Concentration or memory problems
- H). Confusion
- I). Does not "feel right"

The athlete will be required to see a physician, generally someone with background in sports related concussion management.

- A). They should be seen by the physician within the first 48 +/- hours
- B). The OHS Athletic Training Dept. can assist in scheduling a timely appointment with a physician with sports related concussion management background
- C). Being seen in the Emergency Department or Urgent Care does not count as being seen by a physician; the ED or UC is for emergent care when needed, not for prolonged concussion management and care.
- D). Even if they've been seen in the ED or UC, they will be requested to see a physician.

**During this period of recovery in the first few days after an injury, it is important to emphasize to the athlete that physical and cognitive rest is required.**

**A). The athlete will generally recover more quickly when doing so.**

**B). Activities that require concentration and attention may exacerbate the symptoms and as a result delay recovery:**

**(Texting, smart phone usage, computer usage, SMART BOARDS, television, reading, doing homework)**

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

#### Definition of a Brain Concussion

You have sustained a traumatic brain injury commonly referred to as a “concussion.”

A concussion is an injury to the brain caused by an “impulsive” force transmitted to the head, such as a direct blow to the head, collision, fall, whiplash injury or violent blow to the body. A concussion causes immediate and usually temporary impairment of brain function. However, in some instances, symptoms of head injury may NOT appear for several hours after trauma. The alteration of brain function can present as any number of signs and/or symptoms, such as those listed on this sheet.

A person does NOT have to lose consciousness to have a concussion.

Every head injury should be taken seriously and each dealt with appropriately. No two are exactly alike. The effects of head injuries can be cumulative and recovery time from one to the next is frequently longer.

#### WHEN TO GO TO THE HOSPITAL ER

The evaluator of this athlete may recommend emergent evaluation should the athlete display any of the following symptoms during the evaluation:

- Any loss of consciousness (LOC) or unresponsiveness
- Irregular vital signs (pulse, breathing, BP, etc)
- Repeated vomiting
- Amnesia or worsening headache
- Seizure activity
- Persistent or worsening confusion or irritability
- Suspicion of a spine injury, skull fracture or bleeding

If the athlete is NOT referred to the hospital or is released from the hospital, keep careful watch over the athlete for several days. If you witness any of the above listed symptoms, transport immediately to the hospital.

While sleeping the first night, you may wake the athlete periodically every 2-3 hours to determine if they are coherent and respond well to instructions; especially if they suffered LOC, prolonged amnesia or if still experiencing significant symptoms.

Transport to nearest hospital immediately if any of the following symptoms persist or worsen:

- Severe headache, particularly at a specific location, which is continuing, increasing, or changing in pattern.
- Dizziness, disorientation or loss of coordination
- Memory loss or difficulty remembering relevant people, events, or facts
- Confusion, strangeness, or irritability
- Unusual or bizarre behavior
- Blurred or double vision (visual problems)
- Unequal pupil size
- No pupil reaction to light
- Ringing in the ears (tinnitus)
- Nausea and/or vomiting
- Slurred speech
- Convulsions, tremors,
- Sleepiness or grogginess
- Clear fluid or any discharge from the ears or nose
- Numbness or paralysis (partial or complete)
- Difficulty waking the athlete

The appearance of any of the above symptoms indicates that the athlete has a significant head injury that requires immediate medical attention.

The recommendations on this document are in no way a substitute for the direct care of a licensed medical provider.



## INITIAL TREATMENT

While not every concussed athlete needs to be evaluated emergently, every athlete suspected of having a concussion should be evaluated by a licensed medical provider.

After being assessed, the main treatment for concussion is rest, both physical and mental. Attempting to carry out one's normal activities while concussed will likely only prolong symptoms and slow recovery.

- Activities to avoid while symptomatic include but are not limited to: any physical activity, school attendance, use of a computer, reading or studying, text messaging and video gaming.
- Athletes should not be allowed to operate a motor vehicle.
- Any other activities that exacerbate symptoms should also be curtailed or eliminated all together until the athlete is cleared to reintroduce the activity by his/her licensed medical provider.
- Once no symptoms are present at rest, brief periods of reading, focusing and abbreviated school attendance may be better tolerated.
- Once the athlete can tolerate a full day of school, light intensity, low impact walking may be attempted.
- Avoid alcohol, illicit drugs, or substances that may impair your thought process.
- Eat light, well balanced meals.

## Pain Relief Suggestions

- Avoid medications other than acetaminophen (Tylenol ®)
- The use of anti-inflammatory drugs such as ibuprofen, naproxen and aspirin is not recommended for use when a concussion is suspected.
- If pain cannot be effectively managed with acetaminophen, the athlete should seek care from a licensed medical provider.
- Cold packs may also offer some pain relief.

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Minnesota State Law:

<https://www.revisor.mn.gov/laws/?id=90&year=2011&type=0>

Minnesota State High School League:

[www.mshsl.org](http://www.mshsl.org)

## General Return to Play Recommendations

It is imperative that no athlete resumes any physical activity until completely symptom free for several days. The athlete should be cleared by a licensed medical provider and his/her progress monitored by a licensed athletic trainer. When a return to sports is appropriate, a standardized post-concussion return to activity progression over several days is recommended.

If symptoms return at any time during this progression, activities should be stopped for the day. Symptoms may be reported to the supervising licensed medical provider. The athlete is advised to resume the progression once an asymptomatic status has been re-achieved. Athletes should be able to comfortably complete several full practice sessions before returning to play in games or matches.

Returning too soon can slow the recovery process, increase the chances of re-injury and risk permanent disability or death.

## Return to Play Protocol

Step #01: Athlete seen by a licensed medical provider

Step #02: Once athlete is asymptomatic, athlete is given the ImPACT ® Post-Concussion Test and results are forwarded to the licensed medical provider.

Step #03: Once the athlete is cleared by the licensed medical provider he/she begins the six level process before being allowed to return to full participation.

- Level 1: Physical & Cognitive rest.

- **Level 2:** Light aerobic exercise such as walking or stationary cycling. No resistance training. May read 20% of normal volume. TV okay. No video games.
- **Level 3:** Sport-specific exercises. No resistance training. May read 40% of normal volume. No video games.
- **Level 4:** Non-contact practice. Resistance training okay. May read 60% of normal volume. No video games.
- **Level 5:** Full contact practice. May read 80% of normal volume. Video games okay.
- **Level 6:** Return to unrestricted competition and cognitive activities.

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### NEUROCOGNITIVE TESTING

The athlete may benefit from having an ImPACT® computerized concussion test (see [www.impacttest.com](http://www.impacttest.com) for further information) to help determine the severity of his/her concussion and assist in return to play assessment.

This test can provide an objective measure of how well the brain is functioning by evaluating visual memory, verbal memory, short term memory, long term memory, brain processing speed and reaction time.

This objective, specific information can help determine when it is safe for the athlete to return to sports competition after a concussion.

Owatonna High School Athletic Department now has incorporated the ImPACT® Program.

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#### OWATONNA ATHLETIC TRAINING

Terry "TC" Carlyle, ATC, ATR  
(Sister Kenny Rehabilitation Institute – Owatonna Hospital)

- Athletic Training Room = 507-444-8828
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- Cell = 507-213-1924

#### OWATONNA ATHLETIC DEPARTMENT

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