



GFELLER-WALLER/NCHSAA STUDENT-ATHLETE CONCUSSION MANAGEMENT PACKET

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Last Updated June 2016

Gfeller-Waller/NCHSAA Concussion Evaluation

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select.

(Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol Form.)

Athlete's Name _____	Date of Birth _____
School _____	Team/Sport _____

INJURY HISTORY Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent
 Date of Injury _____ Name of person completing form: _____ Please see attached information

Following the injury, did the athlete experience:	Circle one	Duration (write number/ cirde appropriate)	Comments
<i>Loss of consciousness or unresponsiveness?</i>	YES NO	_____ minutes / hours	
<i>Seizure or convulsive activity?</i>	YES NO	_____ minutes / hours	
<i>Balance problems/unsteadiness?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Dizziness?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Headache?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Nausea?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Confusion?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Difficulty concentrating?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Vision problems?</i>	YES NO	_____ hrs / days / weeks /continues	
<i>Other</i>	YES NO		

Describe the injury, or give additional details: _____

Key Tenets of Concussion management:

1. **No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.**
2. **Athletes should never return to play or practice if they still have ANY symptoms.**
3. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.
4. Providers should address academic and cognitive considerations when managing an athlete with a concussion. The NC Dept. of Public Instruction now requires a "Return to Learn" plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition and hydration.
5. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.
6. In order to clear an athlete to return to sport without restriction, an athlete should be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion (i.e. has completed return to play protocol).
7. It is typically not feasible for a provider to diagnosis an acute concussion and provide clearance on the same day.

NCHSAA specific requirements regarding Gfeller-Waller law (as defined by NCHSAA Sports Medicine Advisory Committee)

1. The NCHSAA requires all NC public high school and middle school athletes to have an MD/DO signature on the form to return to play.
2. The physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.
3. A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

Medical Provider Recommendations

(to be completed by a medical provider)

Name of Athlete: _____

These recommendations are based on today's evaluation.

RETURN TO SCHOOL:

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To-Learn after Concussion" policy effective 2016-2017 school year to address learning and educational needs for students following a concussion.
2. A sample of specific "Return to Learn" accommodations is found on page 3.

SCHOOL (ACADEMICS):

(Check all that apply)

- Out of school until _____.
- May return to school on _____ with Return-To-Learn Accommodations (**see page 3**).
- May return to school now with no accommodations needed.

PHYSICAL EDUCATION:

- Do NOT return to PE class at this time. Use PE class as a study hall.
- May participate in non-contact activity that poses no risk of head trauma.
- May return to PE class without restriction.

RETURN TO SPORTS:

PLEASE NOTE →

An example of Return-to-Play exertional progression is found on page 5. A stepwise progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely to sport.

SPORTS:

(Check all that apply)

- Not cleared for sports practice or competition at this time.
- May start return to play progression under the supervision of the health care provider.
- May be advanced back to competition after phone conversation with attending physician.
- Must return to medical provider for final clearance/repeat evaluation and recommendations in ____ days.
- Has completed a gradual RTP progression w/o any recurrence of symptoms & is cleared for full participation.

Additional comments/instructions:

Physician Name (please print) _____ MD or DO

Signature (Required) _____

Date _____

Office Address _____

Phone Number _____

All NC public high school and middle school athletes must have an MD/DO signature to return to play.

More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.

Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

Last Updated June 2016

Concussion Return-To-Learn Recommendations

(to be completed by a medical provider)

Name of Athlete: _____

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Healthcare providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

Return to school with the following supports:

Length of Day

- Shortened day. Recommended ____ hours per day until re-evaluated or (date) _____.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of ____ minutes.
- Use _____ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

Extra Time

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

Homework

- Lessen homework by ____ % per class; or to a maximum of ____ minutes nightly, no more than ____ min continuous.

Testing

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than ____ questions and/or ____ total time.
 - Student is able to take quizzes or tests but no bubble sheets.
 - Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

Vision

- Lessen screen time (computer, videos, etc.) to a maximum ____ minutes per class AND no more than ____ continuous minutes (with 5-10 minute break in between).
- Print class notes and online assignments (14 font or larger recommended).
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

Environment

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.
- Patient should not attend athletic practice
- Patient is allowed to be present but not participate in practice, limited to ____ hours

Additional Recommendations

Last Updated June 2016

Concussion Gradual Return-to-Play Protocol FAQs

Once a student-athlete is completely symptom-free at rest and has no symptoms with cognitive stimulation (e.g. reading, computer work, and schoolwork), a gradual Return-to-Play (RTP) progression can be initiated.

Who can supervise the RTP?

The school's athletic trainer, first responder can supervise the RTP.

Who must go through the RTP?

All student-athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a step-wise fashion with gradual, progressive stages.

What activities are included in the RTP stages?

The RTP begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. An athlete should only be progressed to the next stage if they do not experience any signs/symptoms.

What should be done if the student-athlete is unable to complete a stage successfully after two attempts?

If a student-athlete is unable to complete a stage twice without return of signs/symptoms consultation with the healthcare provider is advised.

How does the student-athlete know if he/she is ready to advance to the next stage?

After supervised completion of each stage without provocation/recurrence of signs/symptoms, an athlete is allowed to advance to the next stage of activity.

What should the student-athlete do if signs/symptoms return?

If signs/symptoms occur with exercise, the student-athlete should stop and rest. Once free of sign/symptom for 24 hours, the student-athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that student-athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the health care provider overseeing the RTP Protocol.



NCHSAA Concussion Return to Play Protocol Form

Name of Athlete: _____ Sport: _____ Male/Female

Date of Injury: _____ Date Concussion Diagnosed: _____ Date Symptom Free: _____

STAGE	EXERCISE	GOAL	DATE STAGE SUCCESSFULLY COMPLETED	COMMENTS	SUPERVISED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes. <u>Consult with physician regarding the student-athlete's progress prior to initiating contact during Stage 5.</u>	Perceived intensity/exertion: High/Maximum Effort Activity			
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
6	Resume full participation in competition.				

****Only a physician can provide final clearance to return to sport without restriction. Prior to being cleared, the athlete must be completely symptom-free both at rest AND with full cognitive stress AND with full physical exertional stress (i.e. completed the Return- to- Play Protocol).****

By signing below, I attest that the above named student-athlete has completed, without return of symptoms, the Gradual Return-to-Play Protocol.

Signature of Athletic Trainer/First Responder (Please Circle)

Date

Please Print Name

By signing below, I am aware that my child has completed, without return of symptoms, the Gradual Return-to-Play Protocol.

Signature of Parent/Legal Custodian

Date

Please Print Name

Last Updated June 2016