

## Athletic Training/Sports Injury Policies and Procedures

If your child unfortunately sustains an injury or illness which can affect sports/PE participation, the following measures will ensure that he/she receives the best possible care.

1. The athlete must report all injuries/illnesses to the athletic trainer. Contact will be made to the parent with regard to the proper treatment for the injury/illness.
2. If the athlete is seen by a physician for any reason that could affect their sports participation, during the season, he/she will be required to obtain and present to the athletic trainer (NOT THE COACH) a clearance note from the physician's office. (see #3 for note specifications)
  - a. If a student is seen by a physician outside of the state of New Jersey, he/she must be cleared by a physician licensed in the state of New Jersey prior to returning to competition/practice.
  - b. The note must be signed by a physician licensed in New Jersey
  - c. Must state any restrictions or limitations
  - d. List a date that the athlete can safely return to activity
  - e. The athlete will NOT BE ALLOWED TO RETURN TO ACTIVITY unless the ATHLETIC TRAINER, NOT the coach receives this note. The school nurse must also receive a copy of the note
3. All treatment/rehabilitation decisions will be made by the athletic trainer whose plan of care is discussed and approved by the supervising physician.
4. In the event that an athlete exhibits any signs and symptoms of a concussion as determined by the athletic trainer or attending physician, he/she will be immediately removed from participation and will not be allowed to return to participation until he/she has been evaluated by a physician trained in the evaluation and management of concussions.

\*See "Head Injury Return To Play Protocol"

5. In order to be in the training room, a Certified Athletic trainer must be present or nearby.
6. Unless a Certified Athletic Trainer is present in the Athletic Training room, no treatment will be conducted. This includes, but not limited to, whirlpool, electric stimulation, or ultrasound.
7. If an athlete is scheduled for treatment or rehabilitation, show up! If you do not show up, you will risk losing all future Athletic Training Room services for that liability.
8. All athletes must sign into the Daily Treatment Log before utilizing ANY Athletic Training room service (including getting ice).
9. Please wear appropriate and modest dress when in Athletic Training room. An athlete's underwear should not be seen and cleats must be taken off before entering the Athletic training Room.
10. The Athletic Training Room is not a hang out, especially during school hours.
11. Do not take anything from the Athletic Training Room (TAPE, coolers, equipment, etc.) without the consent of a Certified Athletic Trainer.
12. Respect will be shown at ALL times while in the Athletic Training Room.

I have completely read and fully understand the aforementioned procedures. I understand that if I do not follow these rules, disciplinary action may be taken.

Athlete's name: (PRINT) \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's signature: \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_

# **Sports-Related Concussion and Head Injury Fact Sheet And Parent/Guardian Acknowledgement Form**

**AFTER READING THIS INFORMATION, PLEASE SIGN PAGE 3.  
KEEP PAGES 1 & 2 FOR YOUR RECORDS.**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

## **Quick Facts**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

## **Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)**

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

### Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or foginess
- Difficulty with concentration, short term memory, and/or confusion

### What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

### What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

### Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

### Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)

[www.nflhs.com](http://www.nflhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

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

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

Please Sign this Page and Return With Your Sports/Band Forms.

## **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form**

I have completely read and fully understand the provided information sheets (both sides) for the parent and athlete. I understand the risks of playing a sport in addition to understanding the risks of continuing to play while recovering from a concussion. I agree to notify my coaches and the athletic trainer if I experience any of the symptoms listed on the concussion fact sheet prior to returning to participation.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

Roxbury Public Schools  
Return to Play Policy  
Re: Concussions



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Dear Parent/Guardian,

Roxbury High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor, neuropsychologist or a neuropsychologist at the University of Pittsburgh Medical Center (UPMC) to help evaluate the injury. (The UPMC Sports Concussion Program is the founding group of the ImPACT software.) The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted by both this school and UPMC. In order to ensure and guarantee your child's anonymity, we have set-up an anonymous data submission system. This data may anonymously be submitted to UPMC for their research purposes.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Roxbury Public Schools administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at (973) 584-1200 ext. 1287.

Concussion Return to Play Protocol on following page

Sincerely,

A handwritten signature in black ink that reads "Joseph M. Koch". The signature is written in a cursive style with a large, prominent "J" and "K".

Joseph M. Koch, Athletic Trainer

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Roxbury Public Schools  
Return to Play Policy  
Re: Concussions



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Return to Play Policy:

- As per Roxbury Board of Education policy and regulations, the athlete must present written clearance from a physician trained in the evaluation and management of sports related concussions which MUST STATE one of the following:

He/she is symptom free at rest, and either may return to the interscholastic athletic activity because the injury was not a concussion or other head injury.

or

He/she is symptom free at rest and may begin the district's graduated return to competition and practice protocol outlined below.

- link to Board policy and regulations: <http://www.roxbury.org/boe/policies.html>
  - Series 2000; click on Policies; Policy number 2431.4
  - Series 2000; click on Regulations; Regulation number 2431.4

The medical release/clearance must be reviewed and approved by the school, team physician or athletic trainer, not the coach, prior to any return to participation.

**\*\*A medical release/clearance not in compliance with this policy will not be accepted\*\***

6 Step Return Protocol: There should be approximately 24 hours for each stage and the athlete should return to the previous stage that did not cause symptoms if symptoms recur.

1. Rest until asymptomatic (physical and mental) which includes the completion of a full day of normal cognitive activities.
  2. Light aerobic exercise (e.g. stationary bike)
  3. Sport specific exercise (no head impact activities)
  4. Non-contact training drills (may initiate progressive resistance exercise)
  5. Normal training activities (after consultation between supervising health care professional and attending physician or team physician). If symptoms re-emerge, the school/team physician in consultation with the athlete's physician shall determine the student's return to participation protocol.
  6. Return to competition (game play).
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Roxbury Public Schools  
Return to Play Policy  
Re: Concussions



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**Consent Form**

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) and following the Roxbury Public Schools Concussion Return to Play Policy.

I have read the attached information. I understand its contents. I agree to participate in the ImPACT Concussion Management Program and the Roxbury Public Schools Concussion Return to Play policy.

**Printed Name of Athlete** \_\_\_\_\_

**Sport** \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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