



**Athletic Department**  
16715 Stuebner Airline Rd  
Klein, TX 77379

## **KISD Concussion Policy and Return To Play Protocol**

*rev. 2023*

### ***Definitions***

Concussion: <sup>(1)</sup> A concussion is defined as a complex patho-physiological process affecting the brain, induced by traumatic biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face or neck or a blow elsewhere on the body with an “impulsive” force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussion may result in neuro-pathological changes but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. In a small percentage of cases, however, post-concussive symptoms may be prolonged.
5. No abnormality on standard structural neuro-imaging studies is seen in concussion.

*Second Impact Syndrome:<sup>(2)</sup> Second impact syndrome (SIS) refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.*

<sup>(1)</sup>The suspected diagnosis of concussion can include one or more of the following clinical domains and appropriate management strategies should be implemented:

- 1) Symptoms-somatic (eg, headache), cognitive (eg, feeling like in a fog) and /or emotional symptoms (eg, lability).
- 2) Physical signs (eg, loss of consciousness, amnesia).
- 3) Behavioural changes (eg, irritability).
- 4) Cognitive impairment (eg, slowed reaction times).
- 5) Sleep disturbance (eg, drowsiness).



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### ***On-Site Evaluation Process***

The on-site Athletic Trainer or healthcare provider will be responsible for evaluating and administering the proper treatment plan for athletes that sustain a suspected concussion. If the Athletic Trainer from the visiting team's school is present, he/she may choose to administer the treatment plan as they deem appropriate (e.g., varsity football game).

In emergency situations the emergency action plan (EAP) for that site will be activated. The athlete will be transported to a medical facility for further care. The on-site Athletic Trainer will immediately contact students parents, district Athletic Director, campus Athletic Coordinator and administrator on duty after the athlete is safely in route to medical facility.

### ***Documentation Process***

Each athlete suspected of a concussion should be documented as follows:

- 1) High School (Home Games) –Athletic Trainer should notify head coach and parents.
- 2) High School (Away Games) – Host site Athletic Trainer should notify visiting team Head Coach, visiting team Athletic Trainer, and parents if possible.
- 3) Middle School – Should be documented by head coach and referred to home school Athletic Trainer as soon as possible. The head coach may also be responsible for notifying the parents, or the KISD healthcare professional may assume this responsibility.
- 4) \*Middle School Campus Nurse – If the campus nurse suspects an athlete with a concussion then they will refer the athlete to the home school Athletic Trainer as soon as possible or in non-emergency scenario. The nurse may also be responsible for notifying the parents and the appropriate Middle School Athletic Coordinator.

The following people should be kept in the communication circle for any athlete that sustains a concussion: Coaches, Parents, School Nurse (middle school), Teachers, School Counselors, School Administrators (as deemed appropriate by Staff Athletic Trainer)

### ***Return to Learn-Concussion Care Plan for Academics***

Some individuals may be able to attend school without increasing their post-concussion symptoms, however, most students will require one or more academic modifications to allow for the best recovery potential. Depending on the nature of their injury and post-concussion symptoms the treating physician may recommend that the student be given special academic accommodations, (i.e. postponement or reducing exams/quizzes, reducing workload, provide pre-printed class notes, additional time to complete assignments, assistance to class, limited computer work, reading activities, ear plugs, sun glasses inside the building, etc.), until symptoms subside to allow for full recovery potential.

\*If the student is struggling to fully return academically for an extended period of time, it may become necessary for the student to receive 504 accommodations. This decision would be handled on an individual basis and would be based on feedback from the student's teachers, the school's counseling team, the treating physician, the student's parents/guardians, the athletic trainers, and the school nurse.



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### ***Return to Play Protocol (Criteria) High School***

<sup>(1)</sup>The return to play protocol follows a stepwise progression of activity until full return. The athlete cannot advance more than ONE step progression per 24 hour period, and the athlete must complete each step. *Therapeutic exercise may be prescribed by the treating physician during the recovery process, but Therapeutic exercise/rehabilitation does not count as any step in the Return to Play Protocol.* If any concussive symptoms occur while the athlete is completing the Return to Play Protocol, the athlete will stop all activity until asymptomatic for 24 hours or directed by a physician. Once symptoms resolve the athlete may resume the Protocol at the step which they became symptomatic.

*\*A written release must be received and approved by a KISD licensed Athletic Trainer or middle school nurse from the treating physician before the Return to Play Protocol can begin.*

**\*An athlete evaluated for a concussion in a hospital emergency room or urgent care clinic will not be allowed to begin the Return to Play Protocol until they have been evaluated by a physician specially trained in concussion management or their primary care physician.**

### **Concussion with no Loss of Consciousness**

**\*Release from treating physician is received then athlete may proceed to step one of protocol.**

- **Step One** - Athlete may begin supervised light aerobic activity (Stationary bike) as long as the activity does not exacerbate symptoms. (maximum duration: 20 mins) If athlete's symptoms increase during activity, cease all activity. Athlete may attempt light aerobic activity after 24 hour rest period.
  - If after the second attempt of light aerobic activity the athlete's symptoms increase, they will be referred back to their treating physician for further evaluation.
- **Step Two** - Moderate aerobic exercise (e.g., Elliptical, bike, or non-treadmill running) Duration: 30 mins.
- **Step Three** - Sport specific conditioning (full practice duration). Athlete may participate in shirt and shorts (no pads) conditioning full duration of practice (e.g., weight room/cardio/conditioning activity). Goal is to have athlete sweat and increase heart rate.
- **Step Four** - Non-contact training drills. Practice with no contact (e.g., FB-shell, other sports -individual, non-contact drills).
- **Step Five** - Full contact practice (Team walk-through is NOT a contact practice, however, the athlete **must** participate in a full-contact practice environment activity to complete this step).
- **Step Six**- Athlete may return to full play only with signed (by parents/legal guardians) UIL release and a doctor's signature on file releasing the athlete back to unrestricted play after completion of the RTP protocol.

### **Concussion with Loss of Consciousness or athletes that sustain multiple (2 or more) concussions within a six month period.**

Student-athletes that sustain multiple concussions (second concussion within 6 month period) or sustain a concussion with any duration of loss of consciousness will follow the same protocol, however, the athlete may be symptomatic for a longer duration, thus progressing along in the steps of the protocol at a slower pace. The athlete's treating physician must document when the athlete may begin and progress through the protocol and if there are any special considerations with regards to the KISD concussion protocol. This process may be handled individually and on a case by case basis.



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## KISD Concussion Policy and Return To Play Protocol

### ***Return to Play Protocol (Criteria) Middle School***

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(1) The return to play protocol follows a stepwise progression of activity until full return. The athlete cannot advance more than ONE step per progression per 24 hour period, and the athlete must complete each step. Therapeutic exercise/rehabilitation may be prescribed by the treating physician during the recovery process, but Therapeutic exercise/rehabilitation does not count as any step in the Return to Play Protocol. If any concussive symptoms occur, the athlete will stop all activity until asymptomatic for 24 hours. Once symptoms resolve, the athlete may resume the Protocol at the step which they became symptomatic.

***\*A written release must be provided to the Athletic Trainer or middle school nurse from the treating physician before the Return to Play Protocol can begin.***

**\* An athlete evaluated for a concussion in a hospital emergency room or urgent care clinic will not be allowed to begin the Return to Play Protocol until they have been evaluated by a physician specially trained in concussion management or their primary care physician.**

### ***Parent and Injured Student Athlete Meeting***

Parent and injured student athlete must meet with the feeder High School Athletic Trainer that they are zoned. The Athletic Trainer will contact the appropriate Middle School Athletic Coordinator, Middle School campus nurse, Athletic Trainer & Middle School counselor (If appropriate). Middle school athletes **O WUV** have a release to KISD return to play protocol from treating physician prior to taking part in any activity or progressing in the protocol.

Student **O WUV** check in with nurse to perform DAILY symptom checklist until all paperwork is received and they have completed the KISD RTP concussion protocol.



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## **KISD Concussion Policy and Return To Play Protocol**

*KISD Concussion Protocol (Middle School)*

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\*Release from treating physician is received stating athlete may begin KISD return to play protocol.

- i. Athlete must check in with MS nurse before and after activity to document symptom checklist. Nurse will then send email to coaching staff prior to athlete's athletic period notifying the activity level the student may participate in.
- ii. Student must follow up with the nurse following activity to verify symptom free during activity. If nurse is not on campus following activity, the MS campus coordinator will document any symptoms reported by the athlete and will send email to campus nurse to documented athlete's symptoms.

**Step One** - Athlete may begin supervised light aerobic activity (Stationary bike) as long as the activity does not exacerbate symptoms. (maximum duration: 20 mins) If athlete's symptoms increase during activity, cease all activity. Athlete may attempt light aerobic activity after 24 hour rest period.

- i. If after the second attempt of light aerobic activity the athlete's symptoms increase, they will be referred back to their treating physician for further evaluation.

**Step Two** - Moderate aerobic exercise (e.g., Elliptical, bike, or non-treadmill running) Duration: 30 mins.

**Step Three** - Sport specific conditioning. Athlete may participate in shirt and shorts conditioning (weight room and cardio are acceptable) no pads. **Step Four** - Non-contact training drills. Full, non-contact practice.

**Step Five** - Full contact practice. (Team walk-through is NOT a contact practice, however, the athlete MUST participate in a full contact practice environment activity to complete this step.)

- i. *May be completed under the supervision of the Middle School coach.* The daily concussion symptom list must be completed following full contact (no restrictive) exercise by either the Middle School campus coordinator or campus Nurse.

**Step Six** - Return to full play once all required paperwork is signed, dated and received by intermediate school nurse.

\*See below for required paperwork and communication expectations.

- i. Intermediate nurse must receive the signed and dated UIL Concussion Management Protocol Return to Play Form.
- ii. The nurse faxes the treating physician the completed symptom checklist showing five (5) completed daily checks where athletes had zero (0) symptoms. This form must be signed, dated and received (faxed) back to the intermediate nurse in order to be fully released.

**\*Nurse will notify the high school athletic trainer, the Middle School Coordinator, associated coach, and the Middle School campus counselor when the student is released from the KISD RTP concussion protocol.**

### **Concussion with Loss of Consciousness or athletes that sustain multiple concussions within a 6th month period.**

Student-athletes that sustain multiple concussions (second or more concussions within 6 month period) or sustain a concussion with any duration of loss of consciousness will follow the same protocol, however, may be symptomatic for a longer duration, thus progressing along in the steps of the protocol at a slower pace. The athlete's treating physician must document when the athlete may progress through the protocol and if there are any special considerations with regards to the KISD protocol. This will be handled on a case-by-case basis.



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*Examples of the Physician Referral Form and Daily Symptom Check*

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KISD Physician Referral form

KISD Symptom Checklist

**KLEIN ISD ATHLETIC TRAINING MEDICAL SERVICES**      **PHYSICIAN REFERRAL FORM- CONCUSSION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB (Optional): \_\_\_\_\_  
 Athletic Trainer/Nurse (Print): \_\_\_\_\_ Contact Number: \_\_\_\_\_

This student-athlete has been seen by a KISD Athletic Training Medical Staff with Concussion Symptoms

- Per KISD Concussion Protocol this Student-Athlete Will NOT Be Allowed to Return to play/ Begin the RTP Protocol until Evaluated & Released by a Physician Skilled in the Management of Concussions.
- Student-Athletes Evaluated in an ER Will NOT Be Released to Begin Return to Play Protocol by the ER Physician they MUST be evaluated by A Physician Skilled in the Management of Concussions.

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

**Athlete Plan of Care: Please fill in the section below.**

**This athlete requires academic modifications (Circle one):**      Yes      No

If "Yes", please complete the form provided by the athlete and KISD. Student is responsible for returning the form to their campus Athletic Trainer or middle school nurse (if applicable).

**Check ALL that are Applicable**

\_\_\_\_ Athlete Remains Symptomatic And Needs Re- Evaluation by MD **Next appt date** \_\_\_\_\_

\_\_\_\_ Athlete Is Asymptomatic And May Begin KISD Return To Play Protocol \*\*All Student-Athletes MUST complete the KISD RTP PRIOR to participation

Please provide office stamp or sticker in the section below:      Office Phone #: \_\_\_\_\_  
 Physician's Stamp/ Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_

Klein ISD Athletic Department      School: \_\_\_\_\_  
 16715 Stuebner Airline      Athletic Trainer/Nurse: \_\_\_\_\_  
 Klein, Texas 77380      Phone: \_\_\_\_\_  
 Phone: (832) 269-4302      Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

SYMPTOMS	Date	Date	Date	Date	Date	Date	Date
	Scale 0-6	Scale 0-6	Scale 0-6	Scale 0-6	Scale 0-6	Scale 0-6	Scale 0-6
Physical Findings	Headache						
	Neck Pain						
	Nausea/Vomiting						
	Balance Problems						
	Dizziness						
	Visual Problems						
	Fatigue/Low Energy						
	Sensitivity to Light						
	Sensitivity to Noise						
	Numbness/Tingling						
Cognitive Findings	Feeling Slowed Down						
	Menta By Foggy/Unclear						
	"Don't Feel Right"						
	Difficulty Concentrating						
Emotional Findings	Difficulty Remembering						
	Irritability						
	Sadness						
Sleep Findings	More emotional						
	Nervous/Anxious						
	Drowsiness						
Total Number of Symptoms	Sleeping Less						
	Sleeping More						
	Trouble Falling Asleep						
RTP Sign							

This athlete has completed the return to play protocol for Klein ISD for their sport. To the best of my knowledge, the student is symptom free at rest and did not experience any return of symptoms while progressing through the various stages of activity.

Licensed Athletic Trainer or Intermediate Nurse Signature: \_\_\_\_\_      Printed name of Treating Physician: \_\_\_\_\_  
 Licensed Athletic Trainer/Intermediate Nurse Print Name: \_\_\_\_\_      Signature of Treating Physician: \_\_\_\_\_

May be completed by treating physician before or after completing KISD RTP protocol:  Athlete requires a visit prior to clearance      Date: \_\_\_\_\_  
 Athlete is cleared for participation AFTER completion of KISD concussion protocol

SCAT5 Concussion Assessment Tool

<https://bjism.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>



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## **KISD Concussion Oversight Team HB 2038 Sec. 38.154**

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## **References**

- 1) McCrory, P., et al. Consensus statement on concussion in sport- The 4<sup>th</sup> International Conference on concussion in sport, held in Zurich, November 2012. Clinical Journal of Sports Medicine, 2013;23:89-117.
- 2) Summary Statement by the Quality Standards Subcommittee of the American Academy of Neurology. Practice Parameter: The Management of Concussion in Sports. Neurology, pg. 581-585. 1997.
- 3) Summary of Evidence-based Guideline Update: Evaluation and Management of Concussion in Sports. American Academy of Neurology, March 2013

## **Appendices**

- a) Concussion Oversight Team
- b) KISD Daily Symptom Checklist
- c) Physician Referral Concussion Form
- d) UIL Concussion Management Protocol Return to Play Form