

# CONCUSSION HOME INSTRUCTIONS

I believe that \_\_\_\_\_ sustained a concussion on \_\_\_\_\_.

To help ensure that the above named student recovers appropriately, please read this instruction sheet completely. Please review the symptoms below. If symptoms develop, or worsen, in the next 24-48 hours contact your family physician or local emergency room for further medical care.

## Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

Follow these specific recommendations for care over the next 24 – 48 hours:

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Recommendations provided to: \_\_\_\_\_ on \_\_\_\_\_.

Recommendations provided by: \_\_\_\_\_  
Name of licensed health care provider

Signature of licensed health care provider

Date

Phone number of licensed health care provider: \_\_\_\_\_

**Parents/guardians: Please sign below and have your child return this document to his/her head coach so this information can be documented.**

Signature of parent/guardian

Date

RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION ARE ON THE BACK OF THIS FORM

# **RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION (INFORMATION FOR LICENSED HEALTH CARE PROVIDERS)**

Return to participation following a concussion is a medical decision made on an individual basis by licensed health care providers. Medical experts in concussion believe a concussed student should meet ALL of the following criteria in order to progress to return to activity. While the protocol below is not mandatory, it will help licensed health care providers as defined in Iowa Code Section 280.13C determine when return to participation is appropriate:

- **Asymptomatic at rest, and with exertion (including mental exertion in school), AND have written clearance** from physician, physician's assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer . ***\*Written clearance to return by one of these licensed health care providers is REQUIRED by Iowa Code Section 280.13C!***
- Once the criteria above are met, **the student should progress back to full activity following the stepwise process** detailed below. A licensed health care provider as defined in Iowa Code Section 280.13C, or their designee, should closely supervise this progression.
- **Progression to return is individualized and should be determined on a case-by-case basis.** Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. A student with a history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by a licensed health care provider as defined in Iowa Code Section 280.13C, or their designee.

**Step 1. Complete physical and cognitive rest.** No exertional activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

**Step 2. Return to school full-time /normal cognitive daily activities (or normal cognitive functions).**

**Step 3. Low impact, light aerobic exercise.** This step should not begin until the student is no longer having concussion symptoms and is cleared by the treating licensed health care provider. At this point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

**Step 4. Basic exercise,** such as running in the gym or on the field. No helmet or other equipment.

**Step 5. Non-contact, sport-specific training drills** (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.

**Step 6. Following medical clearance\*, full contact practice or training.**

**Step 7. Normal competition in a contest.**

**NOTE:** Generally, **each step should take a minimum of 24 hours.** If post concussion symptoms occur at **ANY** step, the student must stop the activity and their licensed health care provider as defined in Iowa Code Section 280.13C should be contacted. If any post-concussion symptoms occur during this process the student should drop back to the previous asymptomatic level and begin the progression again after an additional 24-hour period of rest has taken place.

*References: "Suggested Guidelines for Management of Concussion in Sports," NFHS Sports Medicine Advisory Committee 2009; "Consensus State on Concussion in Sport 3<sup>rd</sup> International Conference in Sport Held in Zurich, November 2008," Clinical Journal of Sports Medicine, Volume 19, Number 3, May 2009.*