



Loudoun County Public Schools Division of Athletics



Concussions in High School Sports—LCPS Guidelines for Parents, Athletes, & Staff IMPORTANT INFORMATION—READ CAREFULLY

Loudoun County School Board dba Loudoun County Public Schools-Student Athlete Concussion Guidelines:

The Code of Virginia was amended to include Sections 22.1-271.5 and 22.1-271.6 directing Virginia school divisions to develop and distribute guidelines for policies dealing with concussions in student-athletes, and requiring LCPS to obtain written acknowledgment from students and parents of information regarding the identification and LCPS handling of suspected concussions in student athletes. This Guideline details the “Return To Play” and the “Return To Learn” protocols to be followed.

1. Concussion Facts:

- A concussion is a **traumatic brain injury** caused by a bump, blow, or jolt to the head, face, neck, or body which results in a rapid, short-lived impairment of neurologic function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull. **A student-athlete does not have to lose consciousness to suffer a concussion.**
- Concussions can occur in all sports, not just contact sports. **All student-athletes are at risk.** A student-athlete does not have to sustain a blow to the head to suffer a concussion.
- A concussion may have multiple signs and/or symptoms that may appear immediately after the injury or develop or evolve over several minutes or hours or days.
- Concussion signs and/or symptoms may last from a few days to several months or longer.
- A concussion can affect a student-athlete from a medical and educational perspective, altering their ability to do schoolwork and other activities. Student-athletes who have symptoms and return to school without a plan for supporting learning are at risk for delayed recovery and ongoing problems with performance.
- A student-athlete **may return to light physical and cognitive work while still having symptoms if supervised by an approved healthcare professional.**
- Concussions are treatable injuries. Most student-athletes who experience a concussion can recover completely as long as they do not return to play prematurely. Premature return to play may delay and/or impede recovery. After a concussion there is a period in which the brain is particularly vulnerable to further injury. **If a student-athlete sustains a second concussion during this period, the risk of prolonged symptoms increases significantly and the consequences of a second concussive impact may be severe and potentially catastrophic (i.e. “Second Impact Syndrome”).**

2. Concussion Signs and Symptoms may include:

Cognitive

- Difficulty remembering
- Difficulty concentrating
- Confusion
- Feeling foggy

Physical

- Headache
- Blurry Vision
- Nausea/Vomiting
- Dizziness
- Sensitivity to light/sound
- Balance/Coordination problems

Emotional

- Irritability
- Sadness
- Moodiness
- Crying more
- Anxiety/Worry

Sleep

- Sleeping more
- Sleeping less
- Drowsiness

3. Actions if a Student-Athlete Suffers a Suspected Concussion Event:

Student-athlete **shall be immediately removed from play**, be it a game or practice and **may not return to play or practice on that same day**. The parent or guardian and school nurse will be notified. The Athletic Trainer may contact other members of the Concussion Management Team (CMT) based on each individual case. This may include a school administrator, counselor, psychologist, nurse, teacher, parent/guardian or appropriate licensed health care provider. Continuing to participate in physical activity after a concussion that same day can lead to worsening concussion symptoms, increased risk for further injury, and even a risk of death. **WHEN IN DOUBT, SIT THEM OUT.**

- Student-athlete or parent/guardian must contact the school athletic trainer as soon as possible and have a follow-up evaluation performed by an approved healthcare professional if necessary. If the signs and symptoms increase in severity and number and the condition continues to deteriorate then the student-athlete should be transported to the nearest hospital.
- Student-athlete **must be evaluated by an approved healthcare professional and be cleared before returning to play or practice**. The healthcare professional's written diagnosis indicating the student-athlete's status shall be provided to the Athletic Trainer for further clearance. **Approved healthcare professionals include MD-Medical Doctor, DO-Doctor of Osteopathic Medicine, PA-Physician Assistant, CNP-Certified Nurse Practitioner, ATC-Certified Athletic Trainer, and/or Neuropsychologist**. A multi-disciplinary team approach will be taken during the concussion recovery, utilizing all members of the CMT to ensure efficient and timely communication, care and monitoring of the student-athlete.
- The student-athletes will be placed in the appropriate RTL and RTP phase by the athletic trainer based on the symptoms they report. They may gradually progress through some or all of the following phases in a step-wise fashion to allow the brain to re-adjust to cognitive and physical exertion. Light physical and cognitive activities will be encouraged as long as they remain below the symptom threshold and do not cause any new signs or symptoms. If the student-athlete is 3-4 weeks post-injury without significant improvement, a referral to a concussion specialist may be recommended and a 504 plan should be considered.

4. Post-Concussion Assessment and Neurocognitive Testing

- In an effort to provide for the safety of our student-athletes, LCPS offers the **Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)** program as a tool to assist in the evaluation and management of concussions. ImPACT is widely used and the most scientifically validated computerized concussion evaluation tool. Given the inherent difficulties in concussion management, it is important to manage concussions on an individualized basis and to perform baseline testing and/or post injury testing. This type of concussion assessment can help to objectively evaluate the concussed student-athlete's post-injury condition and track recovery for appropriate return to learn and safe return to play, thus preventing the cumulative effects of concussion. The decision and timing for proper post-injury testing will be determined by the supervising athletic trainer. A "baseline" ImPACT evaluation is conducted by the LCPS athletic trainer with assistance from the coaches trained to administer baseline testing.
- The athletic trainer may also use tools such as a sideline evaluation (SACVNI, SCAT5, Modified BESS etc), a vestibular-ocular motor screening (VOMS), thorough history and input from necessary stakeholders to get a better idea of extent of injury and course of action.

5. **Behavioral Management Strategies-** After the initial 24 hours following a concussion, the student-athlete should maintain a regulated schedule:

- **Nutrition:**
 - Feed your brain! Focus on good fats and carbohydrates and drink plenty of water.
 - Include Protein/Omega 3's each meal such as meats, fruits, and vegetables.
 - Add Supplements if needed such as a multi-vitamin, fish oil, coconut oil and melatonin at bedtime.
- **Sleep:** Stick to a strict sleep schedule with a regular bedtime and wake-up time. It is generally recommended that student-athletes obtain 7-9 hours, with limited to no naps of no longer than 30 minutes.
- **Physical Activity:** It is recommended that the student-athlete take walks or ride a stationary bike following the injury.
- **Stress/Frustration/Anxiety/Mood Changes:** Try to reduce stress in the student-athlete to help avoid nervousness and increased anxiety. Please refer to the appropriate medical professional (School Counselor and/or Psychologist when necessary).

6. What Must Be Done By Student Athletes, Parents, and Coaches?

- **Concussion Education/Prevention:** Coaches, student-athletes, parents, teachers, and administrators will be educated on the recognition, prevention and management and the possible short and long-term effects of a concussion (including acute mental health changes) at the beginning of the athletic season. Please refer to the “LCPS Concussion Documents for Coaches, Parents, and Teachers.”
- All parties must learn to identify the “Signs and Symptoms” of a concussion as listed above.
- Teach student-athletes to immediately inform the athletic trainer and/or coach if they experience such sign and/or symptoms.
- Teach student-athletes to tell the athletic trainer and/or coach if they suspect that a teammate has a concussion.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions to the athletic trainer and coaches to help monitor injured student-athletes as they move to the next sports season.

RETURN TO LEARN

A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases based on evaluation and input by parent/guardian, teachers, and school staff.

Red: Home/ Brain Rest

- No school
- Rest quietly, nap as needed, but stick to a regular sleep schedule
- Limit reading, computer use, texting, video games, etc. as tolerated
- Homework as tolerated (If symptoms become worse, discontinue the work for a minimum of 20 min. If symptoms subside, re-attempt at a lower threshold)
- Drink plenty of fluids and eat light protein snacks every 2-3 hours
- Light physical activity, like going outside for a short distance walk
- No strenuous activity

Yellow: School full-time as tolerated with academic modifications and rest breaks as needed

- Reduced workload. Allow up to 30 min. of sustained workload with no break; work with teachers to modify or prioritize assignments
- Homework as tolerated
- Built-in breaks as needed if symptoms worsen during class
- Modified or limited classroom testing
- Consider alternative testing methods (oral/open book/take home test)
- Exclusion from standardized testing
- May need to avoid loud places (music, gym, shop class, and cafeteria)
- No or modified PE as instructed

Green: School full-time with no academic modifications.

- Attends all classes; maintains full academic load/homework; requires no instructional modifications.

RETURN TO PLAY

Phase 1	<ul style="list-style-type: none"> • Light aerobic conditioning in quiet area (Athletic Training Clinic) • No impact activities • Balance activities 	<ul style="list-style-type: none"> • Exercises that limit head movements • Core exercises without head movements • Limit concentration activities
Phase 2	<ul style="list-style-type: none"> • Light to moderate aerobic conditioning in gym or field areas • Balance activities with head movements • Resistance exercises with head movements (machines and free-weights) 	<ul style="list-style-type: none"> • Low intensity sport specific activities with head movements • Core exercises with head movements • Low level concentration activities

Phase 3	<ul style="list-style-type: none"> Moderately aggressive aerobic exercise (intervals, stair running) All forms of resistance exercises Dynamic warm-ups Impact activities (running, plyometrics) 	<ul style="list-style-type: none"> Challenge positional changes (burpees, mountain climbers) More aggressive sport-specific activities Incorporate concentration challenges (visual games)
Phase 4	<ul style="list-style-type: none"> Maximum exertion sport specific activities but avoiding contact Have athlete participate in non-contact practice 	<ul style="list-style-type: none"> If after Stage 4, there are no increase in symptoms, the student-athlete will be given a second post-injury ImPact test before progressing to Stage 5. If the student-athlete does not clear the ImPact test, the athletic trainer will proceed as they feel necessary.
Phase 5	<ul style="list-style-type: none"> Full participation with contact in practice and Physical Education classes 	
Phase 6	<ul style="list-style-type: none"> Resume full participation in competition 	<ul style="list-style-type: none"> Game-play with release from an approved healthcare professional (Medical Doctor, Doctor of Osteopathic Medicine, Physician Assistant, Certified Nurse Practitioner or Certified Athletic Trainer or Neuropsychologist).

The student-athlete must remain asymptomatic for 24 hours to progress to the next stage. If symptoms return during any of the stages, the student-athlete must return to the previous stage.

Indicate your agreement by signing below and returning the signed form to your student’s school.
Keep a copy for your records.

I have received and read the Loudoun County School Board d/b/a Loudoun County Public Schools Student Athlete-Concussion Guidelines and grant my consent and permission for the Student Athlete to participate in the Post-Concussion Assessment and Cognitive Testing (ImPACT) program including Baseline and Post-Concussion Cognitive Testing. Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the LCPS concussion program for the student-athlete’s best welfare and safe participation in sports for Loudoun County Public Schools.	
Student Athlete Name (print):	
Student Athlete Signature:	Date:
Parent/Guardian Name (print):	
Parent/Guardian Signature:	Date: