

Post-concussion Management

Students who have been diagnosed with a concussion require both physical and cognitive rest. Delay in instituting medical provider's orders for such rest may prolong recovery. Private medical provider's orders for avoidance of cognitive and physical activity and graduated return to activity will be monitored both at home and school.

Physical rest requires that a student avoid participation in any activities that will increase heart rate or blood pressure including but not limited to: physical education classes, recess or interscholastic sports.

Cognitive rest requires that a student avoid participation in and/or limit activities requiring concentration or mental stimulation including but not limited to: computer games, television viewing, texting, reading, writing, studying, test taking, loud music, and bright lights. The duration and quantity of cognitive rest varies depending on the severity of the concussion and will be determined on an individual basis.

The Chief Medical Officer (Penfield CSD) may review the private medical provider's orders. Any orders inconsistent with the District's concussion management policy may not be accepted and may require the Chief Medical Officer contacting the private physician. It will be District policy that no student will resume activities until fully recovered. The

District will adhere to the best practice that whenever there is a question of safety, all parties will err on the side of caution. Return of symptoms should guide whether the student should participate in an activity. School staff should watch for signs of concussion such as fatigue, irritability, headaches, blurred vision or dizziness, reappearing with any type of cognitive or physical activity. If any of these signs and symptoms occurs the student should cease the activity.

Return to Physical Activities -- RTP

There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance.

Return to physical activities following a concussion will involve a stepwise progression once the individual is symptom free. While the athlete is symptomatic, he or she will be medically excused from physical education classes, recess, interscholastic athletics other recreational activities until the student is cleared to participate.

These return to physical activities recommendations are based on the most recent international expert opinion (Consensus Statement on Concussion in Sport – The 3rd International Conference on Concussion in Sport, Zurich, and November 2008) and will remain in effect until new medically recognized guidelines have been established. The

Return to Physical Activities Protocol (RTPAP) is as follows:

- No student will be allowed to return to play without clearance from a medical professional and is cleared by the Chief Medical Officer (Penfield CSD) per Penfield Central School District Policy.

- The athlete must have a signed release by the treating clinician before she may begin the return to physical activities progression (RTPAP) (provided there are no other mitigating circumstances).
- If the level of exercise is tolerated at a particular phase without return of symptoms over a 24 hour period the student or athlete may proceed to the next phase.
- If any symptoms return during the RTPAP, the student will stop the protocol, wait until the symptoms subside and return to the previous level.
- The Certified Athletic Trainer and/or School Nurse along with the Chief Medical Officer (Penfield CSD) will be notified if the student develops symptoms during the RTPAP. A medical clearance by the treating clinician will be required before Phase VI is initiated. The Certified Athletic Trainer and/or School Nurse along with the Chief Medical Officer (Penfield CSD) will be notified when the student successfully completes the RTPAP.
- Any loss of consciousness, signs/symptoms lasting 7 days or longer or repeat concussions will require a minimum 7 day asymptomatic period and medical clearance before beginning the RTPAP and will be managed on an individual basis as approved by the CMO. The asymptomatic period for any concussion may be extended at the discretion of the CMO.
- The return to physical activities steps for physical education classes are as follows:

Phase I Light activity i.e., walking

Phase II Low-impact aerobic activities i.e., bike, light jogging

Phase III Moderate aerobic activity i.e., moderate jogging, jumping jacks, side shuffle

Phase IV Sub-maximal aerobic activity i.e., jumping jacks, sit-ups/push-ups, PE skills

Phase V Maximal aerobic activity i.e., jump rope, carioca, side shuffle, power skips

Phase VI Return to all physical education activities

Return to Academic Activities

Initially a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Students may exhibit increase difficulties with focusing, memory, learning new information, and/or an increase irritability or impulsivity. The District will ensure that no student sustaining a concussion will be academically penalized as a result of poor cognitive ability. The District will make every effort to transition students with continued symptoms back to school.

To accomplish this building principal and/or guidance counselor will consult with teachers and on a temporary basis provide academic accommodations. A 504 plan will be developed for students whose concussion symptoms are significant or last longer than 6 months.