

Aurora Christian Schools
Head Injury Policy
Return to Learn/Return to Play Protocol

Following the Illinois High School Association and the National Athletic Trainers Association recommendations Aurora Christian Schools will adopt this policy and protocol regarding concussions and closed head injuries.

Prior to athletic season all athletes will have:

A signed concussion information sheet on file in athletic office. This must be done annually.

Education on signs and symptoms of concussions.

A neurocognitive baseline test for contact sports (only applies to Football in 2016)

Prior to athletic season all Coaches will:

Receive concussion education. This will educate them as to the signs and symptoms of mild traumatic brain injury, removal from play protocol, coach's role in concussion recognition, management as well as the return to play progression as designated by the school's athletic trainer. A certificate will be kept on file by the licensed athletic trainer or the athletic office. This is required by the IHSA.

The certified athletic trainer must also complete a concussion education program which is required by the IHSA.

Return to Play

An ACS student-athlete will not return to play until all of the following criteria are met:

1. Medical clearance by a physician trained in the assessment and management of concussions, as well as clearance by the athletic trainer.
2. All post-trauma neurocognitive tests have returned to at least baseline scores
3. The student-athlete is symptom free both at rest, during activities of daily living and during normal academic day. If necessary, refer to graduated Return to Learn Progression.

Once the above criteria are met, the student-athlete may begin a graduated return-to-play progression. If at any time during this progression symptoms re-occur, the student-athlete will return to the previous level of activity that caused no symptoms and then advance as tolerated.

Graduated return to learn progression

1. No school attendance, strict limits on technology usage. Complete physical and cognitive rest.
2. Return to school with academic accommodations. Continue limits on technology usage, no tests, no PE, avoid loud areas.
3. Continue academic accommodations. Increase workload gradually (testing, homework)
4. Full recovery to academics. Full school full time. Resume normal activities.

Reference: HeadSmart Handbook: A Healthy Transition After Concussion (2010).

www.Southshorehospital.org

Sports Concussion Institute

Graduated return-to-play progression

- 1: No activity, complete physical and cognitive rest. The object of this step is recovery.
- 2: Light aerobic exercise (walking, swimming, stationary bike) keeping the intensity to <70% target heart rate. No resistance training. The object of this step is increased heart rate.
- 3: Sport specific exercise (running drills in soccer). No head impact activities. The object of this step is to add movement.
- 4: Non-contact training drills involving progression to more complex training drills. Athlete may begin progressive resistance training.
- 5: Following medical clearance, participation in normal training activities. The object of this step is to restore confidence and assess functional skills.
- 6: Full return to play

Reference: Consensus Statement on Concussion in Sports, 3rd International Conference on Concussion in Sport held in Zurich, November 2008. Clinical Journal of Sports Medicine Volume 19, No. 3 May 2009, pp 185-200.