Homewood Flossmoor High School
Concussion Protocol

General Information:
Mild traumatic brain injury, or concussion, is an injury that results in a functional disturbance in the brain and can result in impaired cognition and neurological function. A student’s best chance of full recovery from a concussion involves a progressive return to cognitive and physical activity. Current research has shown that initial cognitive rest with a progressive return is essential in the resolution of concussion symptoms. Activities that involve cognitive stimulation include: classroom activities, driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in some cases completely avoided, for a period of time during recovery before being progressively reinstated. Physical activity such as physical education, athletics, and strength or cardiovascular conditioning can be beneficial in aiding in the recovery of a concussion, but must be progressively reinstated under the supervision of a health care professional. The Homewood Flossmoor High School Concussion Care Protocol is designed to take a collaborative approach to progressively return the student to full academic and physical/athletic activity while taking into account the student’s individualized needs.

It is recommended that this protocol is shared with the student’s primary care or treating physician during the initial visit.

Stages of Returning to Academics
1. Rest at Home
2. Return to School Part Time
3. Full Day of School Attendance
4. Full Academic Participation

Stages of Returning to Physical/Athletic Activity
1. Light aerobic activity/modified Physical Education participation
2. Increased aerobic activity/modified Physical Education participation
3. Non-contact athletic activity related to specific sport or skill/modified Physical Education participation
4. Full contact athletic activity and Physical Education participation (physician clearance required)
5. Return to interscholastic competition

Student Qualifications
In order for a student to qualify to receive the accommodations of the Homewood Flossmoor High School Concussion Protocol they must meet one of the following criteria:

- Students participating on an athletic team
  1. Evaluation performed by the athletic training staff in which the presence of a concussion has been determined
  2. The student provides documentation from a qualified healthcare professional diagnosing a concussion

- Students not participating on an athletic team
  1. The student provides documentation from a qualified healthcare professional diagnosing a concussion

Revised 1/2019
Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process.
- The primary care or treating physician must be a physician licensed to practice medicine in all of its branches, a physician’s assistant, or an advanced nurse practitioner as mandated by the Illinois Youth Sports Concussion Safety Act.
- Initiation of the return to academics aspect of the concussion care protocol and modified Physical Education participation can begin prior to evaluation by the primary care or treating physician, but progression into full participation in Physical Education classes and Stage 4 of the Return to Physical/Athletic Activity progression cannot begin until the student is evaluated by one of the above indicated health care practitioners and documentation allowing this is provided to the school nurse, speech-language pathologist, or athletic trainer.
- The student’s missed academic work will be reviewed and granted extra time to complete, in conjunction with the physician recommendations and collaboration with the guidance counselor and speech-language pathologist.
- As the student’s recovery progresses through Stages 1-3, teachers should identify essential academic work in each subject and collaborate with department supervisors and speech-language pathologist, as needed, to determine potential reduction in course workload. This will promote recovery, and help reduce the student’s anxiety level related to the perceived volume of work that will be required once the student is medically cleared to resume a full academic load.
- The teacher has the option of assigning the student a grade of incomplete for the progress mark, final exam, and/or semester grade.
- Once the student returns to school it is important that the student report to the speech-language pathologist to monitor symptoms and determine progression to the next stage of return to academics within the concussion care protocol.
- Student-athletes must report daily to the athletic trainer for progression back into athletic participation.
- Students with concussions are discouraged from operating a motor vehicle until they have progressed into Stage 4 of this protocol.

Four Stage Progression to Full Return to Academic and Physical/Athletic Activity

Stage 1 of 4: Rest at Home (Usually lasts 1-4 days, could last more than 1 week per individual case)

- Characteristics
  - Severe symptoms at rest
  - Symptoms may include but are not limited to:
    - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
    - Students may complain of intense and continuous/frequent headaches
    - Students may not be able to read for more than 10 minutes without an increase in symptoms
  - Initial evaluation by primary care or treating physician

Revised 1/2019
• No PE or athletic participation (includes practices and attending events)
• Interventions:
  o Recommend no school attendance for at least one full day - emphasize cognitive and physical rest
  o Sports: does not attend practice/games
  o No tests or quizzes
  o Student may begin small amounts of homework, reading, or other cognitive activities at home to increase tolerance of cognitive work
  o Parent and student receive copy of HFHS Concussion Care Protocol
  o Athletic trainer will notify the concussion oversight committee and the student’s guidance counselor of the injury. The speech-language pathologist will notify the student’s teachers.

Progress to stage 2 when:

• Decreased sensitivity to light or noise
• Decreased intensity and frequency of headaches and dizziness
• Ability to do small amounts of homework, reading or other cognitive activities without increased symptoms
• Decreased feeling of fogginess or confusion

*If the student is in stage 1 longer than 2 weeks the guidance counselor and speech-language pathologist will be notified and it will be brought to the attention of the Student Support Team (SST) for possible intervention.

Stage 2 of 4: Return to School Part Time (Options for altered daily class schedule, if appropriate) – Progression supervised by speech-language pathologist

• Characteristics
  o Mild symptoms at rest, but increasing with physical and mental activity
• Modified class schedule
  o Limited attendance for 1-2 weeks as symptoms warrant
• No PE or athletic participation (if symptoms allow, may attend practices or PE class, but no participation)
  o Students will be issued a Blue pass allowing them to proceed to an alternative environment
• Report to the speech-language pathologist to monitor symptoms and determine necessary classroom accommodations
• Interventions:
  o Avoid choir, band, PE areas, cafeteria
  o Rest in nurse’s office to offer breaks between academic classes
  o Reduce weight of backpack or provide second set of textbooks (teachers)
  o Obtain a Pink pass allowing 5-minute early release, elevator usage, shuttle bus usage, and removal from classroom environment in the event of increasing symptoms
  o Classroom recommendations:
    ▪ Limit computer work, videos/movies in class
    ▪ Divide up work into smaller portions (15-20 min at a time)
    ▪ Wear sunglasses when viewing Smart Boards, PowerPoint presentations as needed
    ▪ It may be beneficial to provide student with copies of class notes (teacher or student generated)

Revised 1/2019
- Audio books are helpful for students struggling with visual processing
- No tests or quizzes
- Homework limited to amounts that do not increase symptoms

- Foreign language and math and science computations may be more difficult during recovery

**Progress to stage 3 when:**
- School activity does not increase symptoms
- Overall symptoms continue to decrease

**Stage 3 of 4: Full Day of School Attendance** - *Progression supervised by speech-language pathologist*

- Characteristics
  - Student may be symptom free at rest, or have symptoms mild enough to allow full day attendance
  - Mild to moderate symptoms with cognitive and school day activity

- Modified participation in PE if symptoms allow. Activity modifications will be agreed upon by the teacher, speech-language pathologist and/or athletic trainer.

- Participation in athletics will be determined by the athletic trainer based on the student’s current level of symptoms. Participation will be limited to steps 1 and 2 of the Return to Physical/Athletic Activity progression.

- Report to the speech-language pathologist as needed or at the discretion of the SLP to monitor symptoms and determine necessary classroom accommodation.

- Interventions:
  - Continue with interventions listed in Stage 2 as needed
  - Progress to limited tests and quizzes (may split tests into halves, limit to 1 test per day)

- If unable to progress to Stage 4 after 3 weeks and it is unlikely the student will be able to make up required work, the guidance counselor and parents may consider possible course level changes, or class withdrawal.

- Consider a 504 Plan after 8-10 weeks of residual symptoms with educational impact

**Progress to stage 4 when:**
- Symptom free with cognitive and physical activity
  - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care or treating physician for return to full physical education and athletic participation

**Stage 4 of 4: Full Academic and Athletic Participation**

- Primary care or treating physician clearance required for full PE participation and return to athletics
- Characteristics:
  - Asymptomatic with academic/cognitive and physical activities
- Student athletes will report daily to the athletic trainer to complete the Return to Physical/Athletic Activity Protocol
- Interventions:

*Revised 1/2019*
- Resumption of full academic responsibilities once symptoms have resolved completely
- Create plan for possible modification and gradual completion of required make-up work (guidance counselor, teacher, speech-language pathologist, and department supervisor)
- Consider tutoring services if student has more than 3 weeks of required academic work to make up
- Teachers have the discretion to identify essential academic work for their course.
- Written clearance to full participation from primary care physician will be required for return to PE participation. (No formal progression to return to physical activity).

- Return to Physical/Athletic Activity Protocol (required for return to full athletic participation)
  - The Return to Physical/Athletic Activity Protocol includes 5 phases of activity with increasing intensity. Each phase will take place 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.
  - This protocol will be performed under the supervision of the athletic trainer.
    - Stage 1: Light aerobic activity
    - Stage 2: Increased aerobic activity
    - Stage 3: Non-contact activity related to specific sport/skill
    - Stage 4: Full contact activity (physician clearance required)
    - Stage 5: Return to competition

**Follow Up**
- The athletic trainer will conduct a follow-up assessment with the student one week after he/she returns to full athletic activity
- The student is encouraged to meet with school counselor and/or speech-language pathologist regularly to discuss progress, grades, and status of make-up work
- The student is encouraged to meet with the athletic trainer to assess any recurring symptoms.

For additional questions please contact the speech-language pathologist, student’s guidance counselor, school nurse, or athletic trainer.
**Speech-Language Pathologist**
Lauren Chasey
Office: 708-335-5134
lchasey@hf233.org

**Athletic Trainers**
Brad Kleine - bkleine@hf233.org
Danni Werner - dwerner@hf233.org
Office: 708-335-5688

**Nurse**
Lottie Parker
Nina Woods
Nurse- South Building  Nurse- North Building
708-335-5535  708-335-5334
lparker@hf233.org  nwoods@hf233.org

**Resources:**
 Centers for Disease Control
 Illinois High School Association
 Head Smart: A Healthy Transition after Concussion – South Shore Hospital, Weymouth, MA
 Consensus statement on concussion in sport – The 3rd International Conference
  On Concussion in Sport - Zurich, November 2008
 Libertyville High School Concussion Care Guidelines – 2013, Libertyville, IL

**HFHS Concussion Oversight Committee:**
Dan Vosnos- Athletic Director/Superintendent Designee
Jim Schmidt- Guidance Department Head
Michael Ward- Physician
Brad Kleine- Athletic Trainer
Danni Werner- Athletic Trainer
Lottie Parker- School Nurse
Nina Woods- School Nurse
Lauren Chasey- Speech-Language Pathologist
Homewood Flossmoor High School
Concussion Care Guide

Common Symptoms Experienced

- Headaches
- Nausea
- Sensitivity to light and/or noise
- Mood changes
- Inability to focus
- Feelings of fogginess or confusion
- Dizziness
- Difficulty with memory

Initial care recommendations:

- Remain home for at least one day if symptoms are severe
  - Please notify the attendance line
- Refrain from physical and cognitive activity such as
  - Studying, tests, quizzes and homework
  - Driving a vehicle
  - Playing video games
  - Text messaging/cell phone use
  - Watching television and/or reading
  - Loud and/or bright environments
  - Computer use
  - Attending athletic practices or games
- Return to school recommended when:
  - Light and noise sensitivity has decreased
  - Headache and dizziness intensity has decreased
  - Feelings of fogginess or confusion have decreased
  - Able to perform light reading for 10 minutes without increased symptoms

Upon return to school, the student will be called in for a consultation with Lauren Chasey, speech language pathologist, who oversees the HF Return To Learn progression. After completing this progression, athletes will be progressed back into sport under the supervision of the athletic trainers.

No student can return to full academic or athletic participation without written permission from a physician stating either a definitive return date or permission to progress through the HFHS Concussion Care Protocol.

It is recommended that an appointment be scheduled with the student's primary care physician or a physician recommended by the athletic trainers as soon as possible. Please contact the athletic trainers if you would like a physician recommendation.

Lauren Chasey, SLP: 708-335-5134
Athletic Training Office: 708-335-5688
This guide is in accordance with the HFHS Concussion Care Protocol
A Fact Sheet for 
YOUTH SPORTS PARENTS

This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?
A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?
Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children’s or teens’ chances of getting a concussion or other serious brain injury, you should:
  - Help create a culture of safety for the team.
    - Work with their coach to teach ways to lower the chances of getting a concussion.
    - Emphasize the importance of reporting concussions and taking time to recover from one.
    - Ensure that they follow their coach’s rules for safety and the rules of the sport.
    - Tell your children or teens that you expect them to practice good sportsmanship at all times.
  - When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no “concussion-proof” helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?
Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents
  - Appears dazed or stunned.
  - Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after a hit or fall.

Symptoms Reported by Children and Teens
  - Headache or “pressure” in head.
  - Nausea or vomiting.
  - Balance problems or dizziness, or double or blurry vision.
  - Bothered by light or noise.
  - Feeling sluggish, hazy, foggy, or groggy.
  - Confusion, or concentration or memory problems.
  - Just not “feeling right,” or “feeling down.”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren’t serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that it’s better to miss one game than the whole season.

GOOD TEAMMATES KNOW: 
IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children’s or teens’ health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

Plan ahead.
What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?
In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?
As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child’s or teen’s health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child’s or teen’s school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child’s or teen’s return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

To learn more, go to www.cdc.gov/HEADSUP

Revised 12/2015
Teachers of-

Please be advised that the above stated student has sustained a head injury that is subject to the interventions outlined in the Homewood Flossmoor High School Concussion Care Protocol. Currently, this student is in the following stage of the protocol:

**Stage 1 of 4**

Characteristics-
- Severe symptoms at rest
- Symptoms may include but are not limited to:
  - Headache or pressure in head, dizziness, nausea, photosensitivity, auditory sensitivity, inability to focus/concentrate, memory/lack of recall, feeling mentally foggy, unusual changes in mood, fatigue
  - Students may complain of intense and continuous/frequent headaches
  - Students may not be able to read for more than 10 minutes without an increase in symptoms

Academic Interventions-
- Recommendation to the parents that the student remain home for at least one day if symptoms are severe.
- No physical education class or participation in athletics (includes attending practices and games)
- No tests, quizzes or homework

Progression-
You will be notified when the student is able to progress to Stage 2. The readiness to progress will be marked by:
- Decreased sensitivity to light and/or noise
- Decreased intensity and frequency of headaches and dizziness
- Ability to do light reading for 10 minutes without increased symptoms
- Decreased feelings of fogginess or confusion

Please notify Lauren Chasey at ext 5134 or lchasey@hf233.org if you have any questions.
Teachers of -

Please be advised that the above stated student has sustained a head injury that is subject to the interventions outlined in the Homewood Flossmoor High School Concussion Care Protocol. Currently, this student is in the following stage of the protocol:

**Stage 2 of 4**

**Characteristics:**
- Mild symptoms at rest, but increasing with physical and mental activity

**Academic Interventions:**
- Modified class schedule
  - Limited attendance for 1-2 weeks as symptoms warrant
- No PE or athletic participation (if symptoms allow, may attend practices or PE class but no participation)
- Report to the speech-language pathologist to monitor symptoms and determine necessary classroom accommodations
- Student may need to avoid choir, band, PE areas, and cafeteria
- Rest in nurse’s office to offer breaks between academic classes
- Reduce weight of backpack or provide second set of textbooks (teachers)
- Obtain a shuttle pass, elevator pass, and / or “five minute pass” from the school nurse to avoid noisy, crowded hallways between class periods if needed
- Classroom recommendations:
  - Limit screen time (ChromeBooks, phones, computer work, videos/movies in class)
  - Wear sunglasses when viewing screens as needed
  - Divide up work into smaller portions (15-20 min at a time)
  - No tests, quizzes or homework
  - Provide student with copies of class notes (teacher or student generated)
  - Audio books (if available) are helpful for students struggling with visual processing
- Math, science computations, and foreign language classwork may be more difficult during recovery

**Progression:**
You will be notified when the student is able to progress to Stage 3. The readiness to progress will be marked by:
- School activity does not increase symptoms
- Overall symptoms continue to decrease

Please notify Lauren Chasey at lchasey@hf233.org or extension 5134 if you have any questions.
Teachers of -

Please be advised that the above stated student has sustained a head injury that is subject to the interventions outlined in the Homewood Flossmoor High School Concussion Care Protocol. Currently, this student is in the following stage of the protocol:

**Stage 3 of 4**

**Characteristics:**
- Student may be symptom free at rest, or have symptoms mild enough to allow full day attendance
- Mild to moderate symptoms which may worsen with increasing cognitive and school day activity

**Academic Interventions:**
- No PE or athletic participation (if symptoms allow, may attend practices/events or PE class, but no participation)
- Report to the speech-language pathologist at the discretion of the SLP to monitor symptoms and determine necessary classroom accommodations
- Student may need to avoid choir, band, PE areas, and cafeteria
- Rest in nurse’s office to offer breaks between academic classes
- Reduce weight of backpack or provide second set of textbooks (teachers)
- Obtain a shuttle pass, elevator pass, and / or “five minute pass” from the school nurse to avoid noisy, crowded hallways between class periods
- Classroom recommendations:
  - Limit screen time (ChromeBooks, phones, computer work, videos/movies in class)
  - Wear sunglasses when viewing screens as needed
  - Divide up work into smaller portions (15-20 min at a time)
  - Provide student with copies of class notes (teacher or student generated)
  - Audio books (if available) are helpful for students struggling with visual processing
- Math, science computations, and foreign language classwork may be more difficult during recovery
- Progress to limited homework, tests, quizzes. Please consider splitting tests into halves and limiting total test administration to one per day.

**Progression**
You will be notified when the student is able to progress to Stage 4. The readiness to progress will be marked by:
- Symptom free with cognitive and physical activity
  - Student should report any return of symptoms with cognitive or school day activity
- Written clearance by primary care or treating physician for return to full physical education and athletic participation.

Please notify Lauren Chasey at lchasey@hf233.org or extension 5134 if you have any questions.
Teachers of -

Please be advised that the above stated student has sustained a head injury that is subject to the interventions outlined in the Homewood Flossmoor High School Concussion Care Protocol. Currently, this student is in the following stage of the protocol:

**Stage 4**

**Characteristics-**
- Asymptomatic with academic/cognitive and physical activities

**Academic Interventions-**
- Resumption of full academic responsibilities once symptoms have resolved completely.
- Documentation from primary care physician has cleared to return to PE.
- If necessary, create plan for possible modification and gradual completion of required make-up work - if this is necessary and you need additional assistance, please contact Lauren Chasey to help create a make-up schedule.
- Consider tutoring services if the student has more than 3 weeks of required academic work to make up - only if the student has significant make up work that needs to be completed.
- Teachers have the discretion to identify essential academic work for their course - and eliminate or exempt the student from non-essential work.

Please notify Lauren Chasey at ichasey@hf233.org or extension 5134 if you have any questions.
Student sustained a head injury that we (the concussion team) were originally being cautious about, but were not able to definitively determine was a concussion. Student has been referred to his physician for evaluation, but has not had the appointment yet. We have received feedback from at least one of his teachers who noticed changes in his personality and demeanor and that he appears to be struggling with work he wouldn't otherwise in class. Given this feedback, we will be initiating the concussion protocol for him in Stage 3. We are very appreciative to the teachers who have given us feedback regarding his injury and those of other students. This valuable information from faculty and staff helps us to better care for our students, and demonstrates how much our HF community cares about our students.
# Post Concussion Symptom Scale (SCAT 5)

Name: 

Date: 

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pressure in the head</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling Slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like in a fog</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don't Feel Right</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty Remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or Low Energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble Falling Asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More Emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Do symptoms get worse with physical activity? Yes No

Do symptoms get worse with mental activity? Yes No

If 100% is feeling perfectly normal, what percent of normal do you feel? (circle one)

10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

If not 100%, why?
Homewood Flossmoor High School
Head Injury Form

Student Name: ________________________________  ID#: __________________
Date of Injury: ___________________________  Treating Physician: __________________________

Parent/Legal Guardian (please initial)

____ I consent to the above stated student’s participation in the Homewood Flossmoor High School Return to Learn protocol and subsequent Return to Play protocol.

____ I understand that written permission from the primary care or treating physician with a definitive release date and/or allowing progression through the Return to Learn and Return to Play protocol is required prior to release back to full academic and athletic participation.

____ I understand that there are inherent risks associated with Returning to Learn and Returning to Play and will comply with any ongoing requirements of these protocols.

____ I consent to the disclosure of information to appropriate persons consistent with the Healthcare Information Portability and Accountability Act of the treating physician’s written statement allowing participation in the Return to Learn and Return to Play protocols and, if any, recommendations of the treating physician, school nurse, speech language pathologist, or athletic trainer as the case may be.

__________________________  __________________________  __________________________
Parent/Guardian Signature  Printed Name  Date

School Official

- Documentation has been provided from the treating physician allowing participation in the Homewood Flossmoor High School Return to Learn and Return to Play protocols.

__________________________  __________________________  __________________________
Signature  Printed Name  Date

- The above stated student has successfully completed the Homewood Flossmoor High School Return to Learn protocol and has progressed to full participation in the educational curriculum with no restrictions.

__________________________  __________________________  __________________________
Athletic Trainer/Speech Lang. Pathologist  Printed Name  Date

- The above stated student has successfully completed the Homewood Flossmoor High School Return to Play protocol and has progressed to full participation in interscholastic sports with no restrictions.

__________________________  __________________________  __________________________
Athletic Trainer  Printed Name  Date
Concussion Communication (Athletics)

Head Injury Occurs

Athletic Trainer evaluates injury and determines concussion

Lauren Chasey meets with student to determine accommodations and RTL Progression Stage 1, 2, 3 & 4

RTL Progression Criteria met for Stage 4

Parents
- Issued Concussion Care Handout
- Issued Concussion Care Protocol
- Signs Permission Form
- Informs of need for physician evaluation

Concussion Oversight Team
- Lauren Chasey
  - Notifies

Counselor, Teachers, Parents Coaches, and Athletic Trainers
- Sends email with appropriate RTL Stage accommodations

Athletic Trainers
- Athletic Trainers administer Impact Test
  - Student Passes Impact

Athletic Trainer begins RTP Progression Steps 1, 2 & 3

Athletic Trainer Notifies Concussion Oversight Team

Lauren Chasey notifies teachers, counselor, parents and coaches

Protocol for RTL and RTP is completed

Student provides documentation from physician allowing full return to activity or progression through HF Concussion Care Protocol
- Student cannot be allowed back into PE participation or full practice without physician’s office documentation
Non Sport Related
Head Injury Flow Chart

Head Injury Occurs

Concussion Oversight Team Notified

- No Physician Diagnosis
  - Nurse's Office Provides Brochure
    - Nurse Documents in Log

- Physician Diagnosis Provided
  - Nurse's Office Provides Brochure
    - Nurse Documents in Log
    - Implementation of RTL Protocol