



The Center Foundation Concussion Protocol & Mental Health Program

Stuart Schmidt MS ATC CSCS
Program Manager & Head Athletic Trainer

Mission and Vision

OUR MISSION

To promote the health and safety of kids through access to sports medicine services and education.

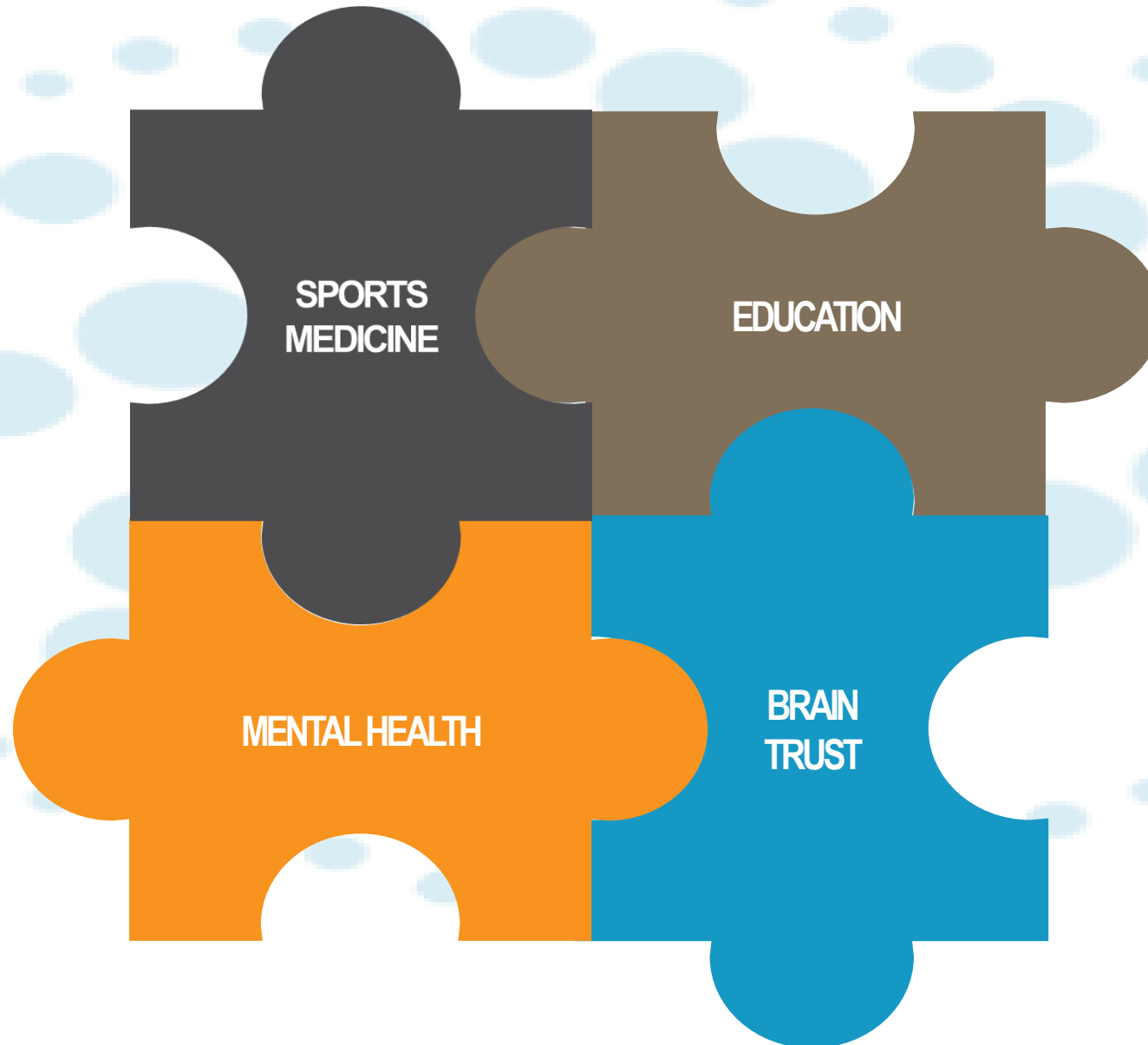
OUR VISION

To provide access to sports medicine services and injury prevention for all Central Oregon youth.

“Kids receive considerable physical, social, emotional and educational benefits when they participate in sports. We want kids participating in sports, and we want them to do it safely.”

-Lindsey Hopper, VP of Medical Programs, PacificSource Health Plans

Our Programs



Sports Medicine Program

We place dedicated athletic trainers in local high schools, providing:

- daily on-site primary medical care,
- evaluation and treatment of injuries
- concussion management,
- Injury rehabilitation
- and injury prevention.



We are **first responders**, your child's first line of defense.

What is an Athletic Trainer?



Alex Walker, ATC
athletic trainer for Sisters High School

Healthcare Professionals

Nationally Certified

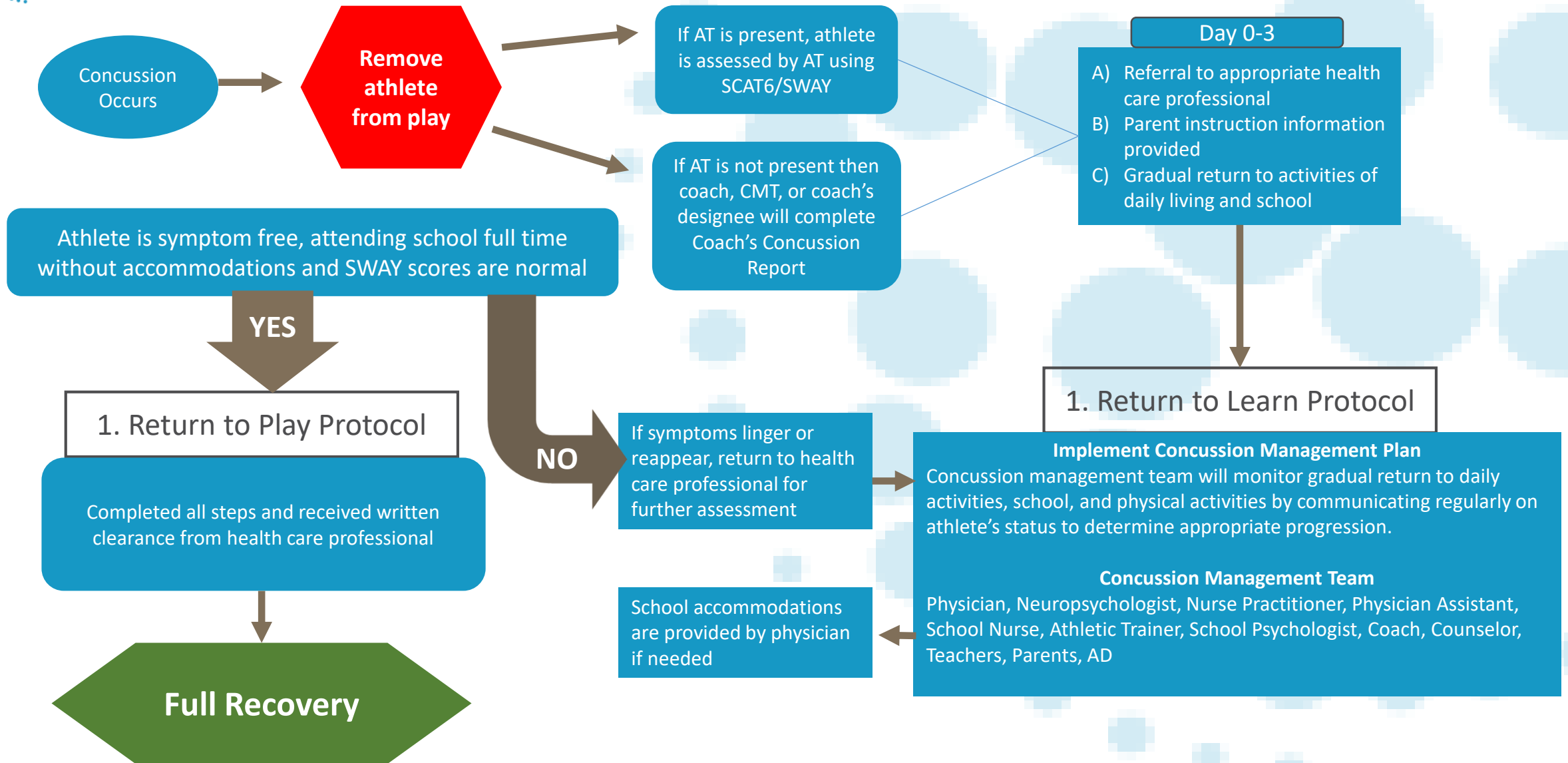
Highly Educated

Multi-skilled

Experts

The National Athletic Trainers' Association (NATA) defines athletic trainers as highly qualified, multi-skilled health care professionals specifically trained in the prevention, examination, diagnosis, treatment and rehabilitation of medical conditions and emergent, acute and chronic injuries. Athletic training is recognized by the American Medical Association, Health Resources Services Administration and the Department of Health and Human Services as an allied health care profession.

Bend-La Pine School District Concussion Protocol





Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722 FAX 503.682.0960 <http://www.osaa.org>

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Temporary Accommodations Plan for Concussion

CONCUSSION – RETURN TO LEARN MEDICAL RELEASE

Return to Academics after Concussion

When students have symptoms after a concussion, they may need a gradual return to their pre-injury academic load. This progression can speed recovery and support the student's return to a full academic load. Important things to remember:

- The stages are flexible based on the student's tolerance to school activities.
- Depending on symptoms, a student may start at any step and remain at each step as long as needed.
- If symptoms worsen, the student should return to the previous step.
- Daily check-ins with the student regarding how they are tolerating school is recommended.
- Depending on symptoms, some students can begin limited physical activity early after injury.

Stage	Suggested Accommodations	Criteria for Progression
Rest – Limited mental activity	Limited mental exertion (computer, texting, video games, or homework), no driving.	30 minutes of mental exertion without symptom exacerbation.
Part-time school with accommodations	Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).	Full day of school with accommodations.
Full-time school with accommodations	Accommodations based on symptoms (e.g., shortened day/schedule, built-in breaks, no significant classroom or standardized testing).	Handles all class periods in succession without symptom increase.
Full pre-injury academic load	Complete return to pre-injury status	N/A

For more information, including a detailed list of suggested accommodations, visit CBIRT.org

If you have questions contact your School Nurse, Athletic Trainer, Counselor or staff at the Center on Brain Injury Research and Training (CBIRT) at 541.346.0593.

Student Name: _____

Date of Evaluation: _____

After a concussion/mTBI, students who receive academic accommodations without penalty for missed work are more successful and better able to manage school demands. For most students, accommodations can be made without formal written plans such as a 504 or IEP. Students with symptoms lasting longer than three to four weeks may benefit from a more detailed assessment by a concussion specialist, who may recommend a 504 plan. If accommodations are needed longer than four months, the team should consider special education. These recommendations are based on the student's current symptom level and tolerance to mental exertion. As the student improves or new learning needs emerge, these guidelines may be adjusted. This form is designed to outline a strategy to minimize symptoms and facilitate optimum recovery.

GENERAL RECOMMENDATIONS:

- No return to school until specified. To be re-evaluated on: _____
- Return to school with the following supports: _____
- Adjust class schedule (i.e., every other day, shortened day, shortened classes, breaks)
Shortened day: _____ hours/day or _____ classes/day or _____ days/week _____
- No physical education classes. However, the student can exercise for _____ minutes if there is no significant increase in symptoms. Walk, run, exercise bike, lift weights, other: _____
- Limit classes with "noisy environments" (i.e., band, choir, shop, drama, lunch).
- Reduce in-class work and homework (select most important or critical tasks and concepts only, consider maximum hours of nightly homework, limit number of problems, questions, or pages to read, offer alternative ways for student to demonstrate knowledge).
- Delay testing (standardized tests, midterms, finals, etc.) until student reaches "yellow" stage.

RECOMMENDATIONS FOR COGNITIVE ISSUES:

- Shorten, unweight grade and/or provide extended time to complete assignments.
- Shorten, unweight grade and/or provide extended time to take tests in a quiet environment (including across multiple class periods). *Do not mark if student is deferred from test taking*
- Stagger tests, so the student only needs to prepare for one per day. *Do not mark if student is deferred from test taking*
- Provide concise written instructions for homework.
- Provide class notes by teacher or peer (i.e., online notes, recording, teacher provides notes).

RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES:

- Allow time to visit the health room or school nurse for treatment of symptoms such as headache.
- Allow rest breaks during the day such as resting head down on desk or resting in health office.
- Allow "hall passing time" before or after the crowds have cleared.
- Allow student to wear sunglasses and/or hat or visor indoors to control for light sensitivity.
- Allow student to wear earplugs (not with music) to control for noise sensitivity.
- Provide quiet environment for lunch.

RECOMMENDATIONS FOR EMOTIONAL ISSUES:

- Share progress and difficulties with parents, nurse, teacher, counselor, doctor and/or athletic trainer.
- Develop an emotional support plan for the student; this may include an adult with whom he/she can talk, if feeling overwhelmed.

Family signed an information release for bi-directional communication with _____

Signature: _____

Date: _____

Printed Name: _____




CBIRT Temporary Accommodations
Plan Form

Return to Play

Graduated, Step-wise Progression

- » Relative Rest – Daily activities
- » Must be symptom free to start step 3
- » Minimum 24hrs at each step


 Oregon School Activities Association
 25200 SW Parkway Avenue, Suite 1
 Wilsonville, OR 97070
 503.682.6722 <http://www.osaa.org>

School Fax: _____
 School Email: _____

CONCUSSION – RETURN TO PARTICIPATION MEDICAL RELEASE FOLLOWING A CONCUSSION

Athlete's Name: _____ Date of Birth: ____/____/____ School/Grade: _____

This section to be completed by school official, coach, athletic trainer or parent.

Date of Injury: ____/____/____ Sport/Injury Details: _____

At this time, the athlete is:

<input type="checkbox"/> symptom-free at rest	<input type="checkbox"/> NOT symptom-free at rest
<input type="checkbox"/> symptom-free at exertion	<input type="checkbox"/> NOT symptom-free at exertion
<input type="checkbox"/> scoring within a normal range on ImPACT	<input type="checkbox"/> NOT scoring within a normal range on ImPACT

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: _____

For a list of common concussion symptoms and management recommendations, see www.osaa.org/health-safety/concussion

Comments: _____

Completed by (Printed name): _____ Signature: _____ Date: _____

Athletic Trainer
 Coach
 Athletic Director
 Other: _____

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
 2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
 3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
 4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.
- *Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.*
5. **Full-Contact Practice:** Participate in normal full-contact training activities.
 6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

This section to be completed by Physician/Qualified Health Care Professional:

- Athlete **may NOT** return to any sport activity including school PE until medically cleared.
 Athlete should remain home from school to rest and recover with a projected return to school date: _____
 Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBWT adopted form [Concussion – Return-to-Learn Medical Release Following a Concussion](#) <http://www.osaa.org/docs/forms/>

Additional Recommendations: _____

Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.

Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: _____ Comments: _____

Physician/Qualified Health Care Professional Signature: _____ Date: _____

Physician/Qualified Health Care Professional Name/Title: _____ Phone: _____

Attention: I am returning this athlete to participate in accordance with these statutes [ORS 336.485](#), [ORS 417.875](#), [ORS 336.490](#) as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: <https://www.osaa.edu/subcat-of-medicine/return-to-play>

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

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Return to Play

Graduated, Step-wise Progression
Must be signed by 'qualified healthcare
professional' before returning to full
contact activity



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Wilsonville, OR 97070
503.682.6722 <http://www.osaa.org>

School Fax: _____
School Email: _____

CONCUSSION – RETURN TO PARTICIPATION MEDICAL RELEASE FOLLOWING A CONCUSSION

Athlete's Name: _____ Date of Birth: ____/____/____ School/Grade: _____

This section to be completed by school official, coach, athletic trainer or parent.

Date of Injury: ____/____/____ Sport/ Injury Details: _____

At this time, the athlete is: symptom-free at rest NOT symptom-free at rest
 symptom-free at exertion NOT symptom-free at exertion
 scoring within a normal range on ImPACT NOT scoring within a normal range on ImPACT

If ImPACT test used, please attach baseline and post-concussive report with percentiles. Passport ID: _____

For a list of common concussion symptoms and management recommendations, see www.osaa.org/health-safety/concussion

Comments: _____

Completed by (Printed name): _____ Signature: _____ Date: _____

Athletic Trainer Coach Athletic Director Other: _____

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by ORS 336.485, ORS 417.875 before returning to participation.

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This section to be completed by Physician/Qualified Health Care Professional:

- Athlete may NOT return to any sport activity including school PE until medically cleared.
 Athlete should remain home from school to rest and recover with a projected return to school date _____
 Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Please use OSAA / CBIRT adopted form [Concussion – Return-to-Learn Medical Release Following a Concussion](http://www.osaa.org/docs/forms/) <http://www.osaa.org/docs/forms/>

Additional Recommendations: _____

- Athlete may begin graduated return-to-participation at step circled above. If symptom free at rest and with graded exertion, can progress as above.
 Athlete is now cleared for full contact practice/play: symptom free at rest and exertion and has completed a graduated return-to-participation protocol.

Return-to-Participation Date: _____ Comments: _____

Physician/Qualified Health Care Professional Signature: _____ Date: _____

Physician/Qualified Health Care Professional Name/Title: _____ Phone: _____

Attestation: I am returning this athlete to participate in accordance with these statutes ORS 336.485, ORS 417.875, ORS 336.490 as a Qualified Health Care Professional. These statutes require athletes be cleared by one of these Oregon qualified health care professionals: MD, DO, DC, ND, NP, PA, PT, OT or Psychologist. Before signing any Return-to-Participation forms, course completion certificates must be obtained by all DC, ND, PT and OT and after July 1, 2021 by all NP, PA and Psychologists. For other than MD / DO, I certify that I have completed the Oregon Concussion Return-to-Play Education: <https://www.ohsu.edu/school-of-medicine/cpd/return-play>.

This section to be completed by Physician/Qualified Health Care Professional:

- Athlete **may NOT return** to any sport activity *including school PE* until medically cleared.
 Athlete should remain home from school to rest and recover with a projected return to school date _____
 Please allow classroom accommodations, such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.
- Please use OSAA / CBIRT adopted form [Concussion – Return-to-Learn Medical Release Following a Concussion](http://www.osaa.org/docs/forms/) <http://www.osaa.org/docs/forms/>
- Additional Recommendations: _____
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Physician/Qualified Health Care Professional Name/Title: _____ Phone: _____

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Qualified Healthcare Professional

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Oregon Concussion Return-to-Play Education

<https://www.ohsu.edu/school-of-medicine/cpd/return-play>



OSAA Concussion Clearance Form

Concussion Protocol Steps



Clearance from Physician =
Return-to-Play Full-Time

Return to Baseline on Neurocognitive Test
(SWAY/ImPACT)

Start Return-to-Play Progression

Return-to-Learn Full-Time (without accommodations)

Return-to-Learn Part-Time (with accommodations if needed)

Relative Rest (up to 48-72 hours)

App- based objective measurement system used to evaluate balance, memory, reaction time and cognition to aid in the evaluation and return to play process.

- Baseline Testing is conducted for athletes participating in Football, Soccer, Cheerleading, Basketball and Wrestling during the freshman and junior years.
- Post-testing is performed post-injury and scores must return to within 10 % of baseline before being cleared for a full return to play (RTP).

Symptoms

Balance

Inspection Time

Reaction Time

Impulse Control

Memory



Athletic Trainers **CANNOT** diagnose, evaluate, treat or care for mental health issues/illnesses/disorders.

- **ATs are educated in recognizing signs and symptoms of mental health issues, that may warrant a referral to a mental health professional.**
- **Responsible for the after-school healthcare needs for student-athletes.**
 - **Key member of the school based healthcare team**
 - **Often the only healthcare professional available during afterschool hours.**
- **Build and establish close relationships with students**
- **When developing and creating policies and procedures for dealing with mental health concerns in students considerations need to be made for dealing with after school issues.**

The athletic trainer should be a key component of this plan



Goals of TCF Mental Health Program

Entire athletic training staff will receive training in how to recognize, respond and refer students with mental health concerns.

Develop 'Mental Health Management' teams at each school we serve.

Develop a mental health emergency action plan and mental health protocol with each district we serve.

Develop a local mental health community advisory committee.

Support efforts to increase access to mental health care for students.

Help establish referral networks to refer students with mental health concerns in the schools and community.

Launch an early recognition and screening program for mental health and wellness





THANK YOU!

Stuart Schmidt
sschmidt@centerfoundation.org
541-322-2323