

## 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





# **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.





Alex Walker, ATC athletic trainer for Sisters High School

## What is an Athletic Trainer?

### Healthcare Professionals

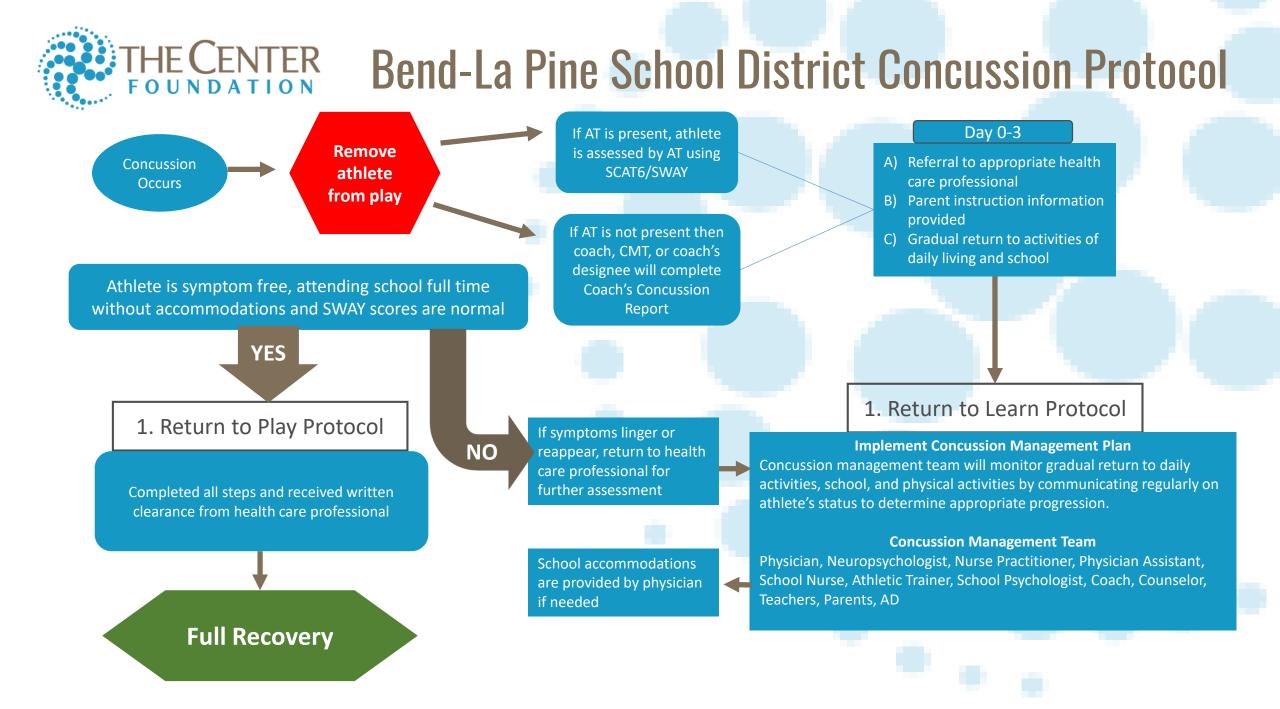
### **Nationally Certified**

### **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.





## **Return to Learn**



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

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

Page 3 of 3

#### Temporary Accommodations Plan for Concussion

#### Student Name:

Date of Evaluation:

#### 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		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.



#### CBIRT Temporary Accommodations Plan Form

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:

a.

Printed Name:

\_



(ALLAN)	Oregon School Activities Association 25200 SW Parkway Avenue, Suite 1	School Fax:
	Wilsomille, OR 97070	School Email:
-	503.682,6722 http://www.osaa.org	
co	NCUSSION - RETURN TO PARTICIPATIO	ON MEDICAL RELEASE FOLLOWING A CONCUSSION
ithiete's Nar	ne:	_ Date of Birth:// School/Grade:
	be completed by school afficial, coach, athletic train	ner ar parent.
At this time, th	e athiete 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 t	
ImPACT test	used, please attach baseline and post-concussive re	
or a list of con		mmendations, see <u>www.aspa.org/health-safety/concussion</u>
omments:		
	(Printed name):	Signature: Date:
nedweted, Ste 1. <u>Sympto</u> home a 2. <u>Light A</u> 3. <u>Sport S</u>	e-wise listum-to-furticipation Programming: A medical m- <u>Limited Activity</u> : Relative rest up to 48-72 hour i limiting school hours and/or homework. Gradual reach: <u>Exercise</u> : Walking or stationary bike at low to <u>perific Exercise</u> : Sprinting, dribbiling basketball or so	tlic Director   Other:
Sympto home a     Light A     Sport S     Mon-Co     Before movi     S. full-Co     Co     Unrests     Here athlete sh rainer or other	ewine listom-to-Participation Programsion: A medical <u>on-Limited Activity</u> : Reletive rest up to 48-72 hour r limiting school hours and/or homework. Gradual <u>arable Exercise</u> : Walking or stationary bile at least ho <u>arable Exercise</u> : Solvining, debbling basketbail or so <u>nated Tatalains</u> : More complex drills in full equipmen- ing to the next stage, the athlete must be fully recov- <u>next exercise</u> : Participate in normal full-context tre- ticed Return-to-Participation / Full Competition: Go ouid spand a minimum of one day at each step. if health care professional. Depending upon the speci- ouid spand a minimum of one day at each step. if health care professional. Depending upon the speci- ativity one scale below the leave the symp	release is required by CNS 305-435, CNS 417.875 before returning to participation. rs. Allow low internity physical and cognitive activity. May include staying ly reintroduce very light activity while limiting symptoms. a moderate intentity, no contact, resistance or weight training. accers, no helmet or equipment, no head impact activities. nt. Weight training or resistance training may begin. med, medically cleared, and in school full-time without accommodations. dating activities. ame play against opponing team. symptoms re-occur, the athlete must stop the activity and contact their athletel if type and aventity of the symptoms, the athlete may be taid to rest for 24 house.
reducted. Ste home o 2. Light A 3. Soort S 4. Non-Co "Before most 5. <u>Full-Co</u> 6. <u>Unrestit</u> he othlete sh rather or other not then resur- d then resur-	ewine listom-to-Participation Programsion: A medical <u>on-Limited Activity</u> : Reletive rest up to 48-72 hour r limiting school hours and/or homework. Gradual <u>arable Exercise</u> : Walking or stationary bile at least ho <u>arable Exercise</u> : Solvining, debbling basketbail or so <u>nated Tatalains</u> : More complex drills in full equipmen- ing to the next stage, the athlete must be fully recov- <u>next exercise</u> : Participate in normal full-context tre- ticed Return-to-Participation / Full Competition: Go ouid spand a minimum of one day at each step. if health care professional. Depending upon the speci- ouid spand a minimum of one day at each step. if health care professional. Depending upon the speci- ativity one scale below the leave the symp	release is required by DNS 306-403, ONS 417.873 before returning to participation. rr. Allow low internity physical and cognitive activity. May include staying ly reintraduce very light activity while limiting symptoms. a moderate internity, no contact, resistance or weight training. accer, no helme or equipment, no head inspact activities. nt. Weight training or resistance training may begin. Hered, medically cleared, and in school full-time without accommodations. dening activities. me play against opposing team. symptoms re-occur, the athlete mout stops the activity and contact their athlete for type and contact for 24 hear stoms accurred. Graduated progression applies to all activities including sport
advated. Ste     Sympto     Sympto     Sympto     Light A     Sourd S     Mon-Ga     Before movi     S. <u>Full-Co</u> Co     There are a source of the resur- not the test and the resur- nd PE classes.     In section to	e-wise listom-in-Participation Progression: A medical on-Limited Activity: Relative rest up to 48-72 hou- relating school hours and/or homework. Gradual arabic Darrins: Walking or stationary bile at low h- neality Darries: Solvining, athloling backwichtid or so instact Tradining: More complex drills in full equipment ing to the next stage, the athloline must be fully recov- stact Practice: Participate in normal full-contact the stated Return-to-Participation / Full Competition: G ouid agand a minimum of one day at each stee, if health one professional. Depending upon the speci- me activity one-step below the level when the speci- me activity one-step below the level when the speci-	release is required by DNS 306-483, ONS 417.873 before returning to participation. rr. Allow low internity physical and cognitive activity. May include staying by reintroduce very light activity while limiting symptoms. a moderate internity: no contact, resistance or weight training. accers no helmet or equipment, no head impact activities. Int. Weight training or resistance training may begin. merel, medically cleared, and in school full-time without accommodations. doing activities. and paysing appoint opposing team. symptoms re-occur, the athlete must stop the activity and contact their athleti fit type and severity of the symptoms, the athlete may be told to real for 24 hour atoms accurred. Graduated progression applies to all activities including sport <b>trains</b> .
reducted. Ste 1. Sympto- home of 2. Light A. 3. Sport S. 4. Non-Go *Before movi 5. Full-co. 6. Unreable beine or other shi worklet shi beine or other shi worklet shi beine or neuron of PE closses. Na section to 1. Athlete <u>ma</u>	<u>avkin listom-in-Participation Programing:</u> A medical <u>on-Limited Activity:</u> Reletive rest up to 48-72 hour r limiting school hours and/or homework. Gradual <u>erable Exercise:</u> Walking or stationary bile at level ho <u>enable Training:</u> Mare complex drills in full equipment on to the next stage, the athlete must be fully recov <u>stated Protocols</u> . Participate in normal full-contocing and the ment stage, the athlete must be fully necess <u>stated Protocols</u> . Participate in normal full-contocing and a minimum of one day at each step. If health care professional. Depending upon the speci- ouid spend a minimum of one day at each step. If health care professional. Depending upon the speci- per setting neutron-topic steps of the specip context on the specipical state of the specipical method on the specipical state of the specipical setting. The setting the completed by Physician/Qualified Health Care JP.	release in required by DNS 306-485, ONS 417.875 before returning to participation. rs. Allow low intensity physical and cognitive activity. May include staying by reintraduce very light activity while limiting symptoms. a moderate intensity, no contract, resistance or weight training. accar; no helmet or equipment, no head impact activities. It. Weight training or resistance training may begin. areal, medically cleared, and in school full-time without accommodations. design activities. asymptoms ne-occur, the athlete must stop the activity and contact their athleti fic type and severity of the symptom, the athlete may be told to rest for 24 hour toms accurred. Graduated progression applies to all activities including sport <b>tofesional:</b> ¥ until medically cleared.
Adviced. Steel     Second States     Second	existin listom-in-Participation Progression: A medical om_limited Activity: Relative rest up to 48-72 hour r limiting school hours and/or homework. Gradual reable Darrise: Walking or stationary bile at twis hours nated to be a station of the school of the school of the instant Training: More complex drills in full equipment ing to the next stage, the attivite must be fully record attact Practice: Participate in normal full-contact fu- oud agend a minimum of one day at each sten. If health care professional. Depending upon the speci- me activity one-step below the level when the speci- me activity one-step below the level when the speci- te completed by Physician/Qualified Health Care P y NOT metum to any sport activity including school P vold remain home from achool to rest and recover w vice lasaroom ecommodations, such as extra time on	release is required by DNS 306-483, ONS 417.873 before returning to participation. r. Allow low internity physical and cognitive activity. May include staying is reintroduce very light activity while limiting symptoms. a moderate internity, no contact, resistance or weight training. cours, no helme or equipment, no head inspace activities. nt. Weight training or resistance training may begin. Hered, medically cleared, and in school full-time without accommodations. dening activities. me play against opposing team. symptoms re-occur, the athlete must stop the activity and contact their athleto it cours are occur, dent athlete must stop the activity and contact their adhleto it cours are coursed. Graduated progression applies to all activities including sport tofesaional: W until medically cleared. It's antil medically cleared. It's applicated return to achool date
raduated. Ste     1. Symptom     home or     2. Light A     3. Sicort S     4. Non-Go     18 Grove move     5. Full-Co     6. Unreate     the othlete sho     10 Athlete ma     10 Athlete sho     10 Athlete	powine listom-to-Participation Progression: A medical on-Limited Activity: Reletive rest up to 48-72 hour r limiting school hours and/or homework. Gradual arable Exercise: Walking or stationary bile at level hours and the school of the school of the school of the nearly control of the school of the school of the nearly control of the school of the school of the school of the next stage, the athlete must be fully recover the school of the next stage, the athlete must be fully recover the school of the next stage, the athlete must be fully recover the school of the next stage, the athlete must be fully recover the school of the school of the school of the school out again a minimum of one day at each step. If headth core professional. Depending when the symp be completed by Physician/Qualified Health Care T y NOT estuary to any sport activity including school /P wild remain home from achool to rest and recover w w classroom eccommodations, such as exits time on A / CMWT adapted form <u>Concusion - Astron to Leven</u>	release in required by ONS 306-485, ONS 417.875 before returning to participation. rs. Allow keen intensity physical and cognitive activity. May include staying yreintraduce very light activity while limiting symptoms. a moderate intensity, no contract, resistance or weight training. socar; no helmet or equipment, no head impact activities. It. Weight training or resistance training may begin. aread, medically cleared, and in school full-time without accommodations. deining activities. ame play against opposing team. symptoms ne-accor, the athlete must stop the activity and contact their athletel fit type and severity of the symptom, the athlete may be told to rest for 24 hour toms accurred. Graduated progression applies to all activities including sport tomescall: Y until medically cleared. this projected return to school date
raduated. Ste     1. Symptom     home or     2. Light A     3. Sicort S     4. Non-Go     18 Grove move     5. Full-Co     6. Unreate     the othlete sho     10 Athlete ma     10 Athlete sho     10 Athlete	existin listom-in-Participation Progression: A medical om_limited Activity: Relative rest up to 48-72 hour r limiting school hours and/or homework. Gradual reable Darrise: Walking or stationary bile at twis hours nated to be a station of the school of the school of the instant Training: More complex drills in full equipment ing to the next stage, the attivite must be fully record attact Practice: Participate in normal full-contact fu- oud agend a minimum of one day at each sten. If health care professional. Depending upon the speci- me activity one-step below the level when the speci- me activity one-step below the level when the speci- te completed by Physician/Qualified Health Care P y NOT metum to any sport activity including school P vold remain home from achool to rest and recover w vice lasaroom ecommodations, such as extra time on	release is required by DNS 306-483, ONS 417.873 before returning to participation. r. Allow low internity physical and cognitive activity. May include staying is reintroduce very light activity while limiting symptoms. a moderate internity, no contact, resistance or weight training. cours, no helme or equipment, no head inspace activities. nt. Weight training or resistance training may begin. Hered, medically cleared, and in school full-time without accommodations. dening activities. me play against opposing team. symptoms re-occur, the athlete must stop the activity and contact their athleto it cours are occur, dent athlete must stop the activity and contact their adhleto it cours are coursed. Graduated progression applies to all activities including sport tofesaional: W until medically cleared. It's antil medically cleared. It's applicated return to achool date
In Austral, Stee 1. Symple home o 2. Light A 3. Soort 3: 4. Non-far *Before most 5. Full-Cen 6. Livreab No of theo neuron of theo neuron of theo neuron of theo neuron PE closses. In Arbitet and Arbitet and Arbitet and Arbitet and Arbitet and Arbitet and Stees use CSA ddittonal Reco	existin listom-in-Participation Programsion: A medical me_limited Activity: Reletive rest up to 48-72 hour inimiting school hours and/or homework. Gradual arabic Exercise: Walking or stationary bile at least natice Tracing: Walking or stationary bile at least natice Tracing: More complex drills in full equipment ing to the next stage, the atthete must be fully record traced Practice: Participate in normal full-context tion out and a minimum of one day at each stee. If health one professional. Depending upon the synch be completed by Physician/Qualified Health Care P y NOT naturn to any sport activity including school P y NOT naturn to any sport activity including school P y NOT naturn to any sport activity including school P y NOT naturn to any sport activity including school P A/ CMMT adopted form <u>Concumbon - Return to Lease</u> ommendations:	release is required by DNS 306-403, ONS 417-875 before returning to participation. rr. Allow low internity physical and cognitive activity. May include staying is moderate intensity, no contract, resistance or weight training, cours, no helme or equipment, no head impact activities. nt. Weight training or resistance training may begin. Hered, medically cleared, and in school full-time without accommodations, dening activities, me play against opposing team. symptoms re-occur, the athlete must stop the activity and contract their athleto it can be added and a school applies to all activities including sport torfeasional: W until medically cleared. It's and predically cleared. It's and predically cleared.
reducted. Sta 1. Sympto- home o 2. Light A 3. Stort S *Before movi 3. Stort S *Before movi 3. Stort S *Before movi 3. Stort S S - Unrest No other sus 0. Athlete sus 1. Athlete may 3. Athlete	powine listom-to-Participation Progression: A medical ora-Limited Activity: Reletive rest up to 48-72 hour r limiting school hours and/or homework. Gradual arable Exercise: Walking or stationary bile at level to benefit Darcine: Solveing, of the line of the school or an entited Training: More complex drills in full equipment on to the next stage, the athlete must be fully recov- ted Proceeding: Participate in normal full-contocing on the next stage, the athlete must be fully recov- ted Proceeding: Participate in normal full-contocing on the school of the school of the school of the school outid general a minimum of one day at each step. If headth core professional. Depending upon the speci- outid general a minimum of one day at each step. If headth core professional. Depending upon the speci- ted completed by Physician/Qualified Health Care T y NOT estum to any spect activity including school /P vid armsin home from achool to rest and recover wing a cleanroom eccommodations, such as extra time on a / AMPT adapted form <u>Concussion – Return to Learn</u> ormmendations:	release is required by DNS 305-435, ONS 417.875 before returning to participation. rs. Allow low internity physical and cognitive activity. May include staying by reintroduce very light activity while limiting symptoms. a noderate internity, no contract, resistance or weight training. accers no helmest or equipment, no head impact activities. Int. Weight training or resistance training may begin. merel, medically cleared, and in school full-time without accommodations. doing activities. and grainet appaint opposing team. symptoms re-occur, the athlete must stop the activity and contact their athleti fit type and swettry of the symptoms, the athleter may be told to rest for 24 hour storm accurred. Graduated progression applies to all activities including sport holdscall return to take tests, and a reduced workload when possible. Medical Release Fedowing a Cancussion Inter//www.asca.org/docs/forms/ a tests, a quiet room to take tests, and a reduced workload when possible. Medical Release Fedowing a Cancussion Inter//www.asca.org/docs/forms/ debore. If symptom fires at rest and with graded exertion, can progress on above. at rest and exertion and has completed a graduated return-to-participation protoco
In deated. Ste 1 Sympton 2 Light A 3 Second State 3 Second	exists listom-in-Participation Progression: A medical service listom-in-Participation Progression: A medical service framming school hours and/or homework. Gradual restle framming: Working or stationary bile at level hours instact Training: More complex drills in full equipment on to the next stage, the athlete must be fully nerve stated Protocol - Participation of and the participation: We not a the next stage, the athlete must be fully nerve stated Protocol - Participation / Full Competition: We ouid apend a minimum of one day at each stee, if health care protection: Developmenting under the speci- me activity one-step below the level when the symp be completed by Physician/Qualified Health Care P y NOT meturn to any sport activity including school P vide remain home from school to rest and recover w vides room accommodations, such as exit time on A / CAWT adapted from <u>Concursion – Return-to-Leven</u> anismendations: y begin graduated return-to-participation at step chrise	release is required by DNS 305-435, ONS 417.875 before returning to participation. rs. Allow low internity physical and cognitive activity. May include staying by reintroduce very light activity while limiting symptoms. a noderate internity, no contract, resistance or weight training. accers no helmest or equipment, no head impact activities. Int. Weight training or resistance training may begin. merel, medically cleared, and in school full-time without accommodations. doing activities. and grainet appaint opposing team. symptoms re-occur, the athlete must stop the activity and contact their athleti fit type and swettry of the symptoms, the athleter may be told to rest for 24 hour storm accurred. Graduated progression applies to all activities including sport holdscall return to take tests, and a reduced workload when possible. Medical Release Fedowing a Cancussion Inter//www.asca.org/docs/forms/ a tests, a quiet room to take tests, and a reduced workload when possible. Medical Release Fedowing a Cancussion Inter//www.asca.org/docs/forms/ debore. If symptom fires at rest and with graded exertion, can progress on above. at rest and exertion and has completed a graduated return-to-participation protoco

other than MD / DO, I certify that I have completed the On

z - Concussion-Return to Porticipation 07/20

2009-2020 OSAA Handbox

**Return to Play** 

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

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

- 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.
- Light Aerobic Exercise: Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training. 2.
- Sport Specific Exercise: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities. з.
- 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.

- 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.



0	Oregon School Activities A 25200 SW Parkway Avenue, Su Wilsonville, OR 97070 503.682,6722 http://www.o	ite 1 School	N Fax:	
co	NCUSSION - RETURN TO	PARTICIPATION MEDIC	AL RELEASE FOLLOWIN	IG A CONCUSSION
Athlete's Nan	ne:	Date of Bir	th:// School/G	irade:
	be completed by school official, co			
at this time, th	e athlete is: vymptom-free at symptom-free at	t exertion	NOT symptom-free at rest NOT symptom-free at exertio	
ImPACT test	used, please attach baseline and p		NOT scoring within a normal o entities. Pausport ID:	range on ImPACT
for a list of con	nmon concussion symptoms and a	nanagement recommendations,	see www.cspa.org/health-so	fety/concursion
Comments:				
Completed by (	Printed name):	Signature:	100-04	Dete:
Athletic Tra	iner Coach	Athletic Director	Other:	02023024
**Before movil S. <u>Full-Cov</u> 6. <u>Unrestr</u> The othlete shi trainer or other	health care professional. Depend ne activity one-step below the lev	nust be fully recovered, medical nai full-contact <u>training</u> activitie. If <u>Competition</u> : Game play again of each step. If symptoms re- ing upon the specific type and se	ly cleared, and in school full-ti s. at opposing team. sccur, the athlete must stop t werky of the symptoms, the at	a start of the sta
-	be completed by Physician/Quali			
0.00	y NOT return to any sport activity i		and the second second second second	
	uld remain home from school to r			
Nease use OSA	w classroom accommodations, su: A / CBMT adopted form <u>Concussion</u> commendations:			
Athlete is no	begin graduated return-to-particip w cleared for full contact practice/p (cipation Date :	play: symptom free at rest and ex		ed exection, can program as above. Justed return-to-participation protocol.
	Ified Health Care Professional Sig			Date:
hysician/Quo	ified Health Care Professional Nat	me/Title:		Phone:
Professional. The Refere algoing as	cae statutes require athletes be cleared by Return-to-Participation forms, count for other than MD / DO, I certify th	d by one of these Oregon qualified h te completion certificates must be a	ealth care professionals: MD, DO, btained by all DC, ND, PT and OT	R5 336.480 or a Qualified Health Core , DC, ND, NP, FA, PT, OT or Psychologist and after July 3, 2021 by all NP, FA and line: <u>https://www.ohuu.edu/achoci.af</u>
Corner - Concurs	on-Akturn to Porticipation 07/20			2019-2020 OSAA Handbook

**Return to Play** 

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

his section	to be completed by Physician/Qualified Health Care Professional:
Athlete	nay 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 re	educed workload when possible.
lease use OSAA / CBIRT adopted form Concussion – Return-to-Learn Medical Release Following a Concussion	http://www.osaa.org/docs/forms/
dditional Recommendations:	

Athlete may begin graduated return-	to-participation at step circled above. If symptom fr	ee 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 ar	d has completed a graduated return-to-participation protocol
eturn-to-Participation Date:	Comments:	
hysician/Qualified Health Care Profes	sional Signature:	Date:
hysician/Qualified Health Care Profes	sional Name/Title:	Phone:
ttestation: I am returning this athlete t	o participate in accordance with these statutes ORS 3	36.485, ORS 417.875, ORS 336.490 as a Qualified Health Care

Attestation: 1 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: <u>https://www.ohsu.edu/school-of-medicine/cpd/return-play</u>.



### **Qualified Healthcare Professional**

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: <u>https://www.ohsu.edu/school-ofmedicine/cpd/return-play</u>.



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)



# **\_**Sway

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).





# 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