



THE KING'S ACADEMY

Concussion Information for Parents/Family

What is a concussion? A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions. Therefore, it is especially prudent to monitor concussed athletes for deteriorating conditions.

Each concussion is unique and may cause multiple symptoms. Some symptoms will appear immediately, while others may develop over the following days or weeks. Symptoms may be subtle and are often difficult to fully recognize. The list below are COMMON signs and symptoms that may arise:

- Headache
- Dizziness
- Fatigue
- Balance Problems
- Nausea
- Pressure in Head
- Sensitive to light and noise
- Mental Confusion
- Memory Loss
- Ringing in the ears
- Blurry or double vision

RED FLAGS : Go to the Emergency Room immediately if they appear to be getting worse than when were evaluated or experience any of the following:

- Headaches worsens significantly
- Repeated vomiting
- Can't be awakened
- Loss of Consciousness
- Increased Confusion
- Seizures/Convulsions
- Slurred Speech
- Trouble using arms/legs or unsteadiness
- Can't recognize people/places
- Unusual behavior
- Weakness/numbness
- Blood or clear discharge from ear

Please make an appointment to see a physician trained in the management of concussions within 72 hours and have the attached form filled out.

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The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. If you have any questions or concerns at all about the symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise, you can follow the instructions outlined below.

<u>It is OK to:</u>	<u>There is NO need to:</u>	<u>AVOID:</u>
-Use acetaminophen (Tylenol) for headaches	- Checking eyes with a flashlight	-Driving while symptomatic
- Use ice pack on head & neck for comfort	- Wake up every hour	-Exercising or lifting weights
- Go to sleep	- Test reflexes	-Using computer or text messaging
- Rest (no strenuous activity or sports)	- Stay in bed	-Watching TV, listening to loud music, or reading for long periods of time
- Return to school unless otherwise stated by Medical Doctor (MD)		-Bright lights
		-Taking ibuprofen (Advil), aspirin, naproxen (Aleve), or other NSAIDs

Whats Next: Please remind your student athlete to report to the Athletic Training Room the following day they are suspected of having a concussion. Your student-athlete will follow the necessary steps provided here:

Post-Concussion Protocol:

1. Athlete will be referred to a Medical Doctor (MD) to be evaluated post-concussion. The athlete will not be able to begin the Return to Play Progression until CLEARED by MD who is trained in the management of concussions. (Athletic trainers (ATCs) must receive MD note for clearance.) The MD note should explain the process for school restrictions and physical activity and will be **turned into the SAO**. (See attached MD form)
2. Athlete will take post-concussion ImpACT test 48 hours after sustaining a concussion. The Team Physician or Athlete's MD will interpret results of all post-injury tests and will request more testing if needed.
3. Assistant Dean of Students, Stephanie Huber, will be notified of MD diagnoses and prognosis and will handle any and all academic accommodations per MD instruction.
4. Athlete will complete appropriate number of post-concussion ImpACT tests as directed by ATC and/or MD.
5. Athlete must see MD every two weeks for follow up until cleared. Clearance may be received in the form of a MD note.
6. Athlete will be cleared for full return to play once ImpACT scores are within normal limits, return to play progression has been completed, any and all academic accommodations have been lifted (including PE), and clearance from MD has been received.

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Return to Play Progression

Athlete will not be able to begin the Return to Play Progression (RTP) until directed by Physician who is trained in the management of concussions. RTP will be monitored by the Athletic Trainer.

Stage 1	No physical activity
Stage 2	Low Levels of physical activity. This includes walking, light jogging, light stationary biking, and light weight lifting (lower weight, higher rep, no bench and no squat).
Stage 3	Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from typical routine)
Stage 4	Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport- specific drills (in 3 planes of movement)
Stage 5	Full contact in controlled practice (Athlete must be at Academic Baseline before return to full play)
Stage 6	Full contact in game play

NOTE: IF AN ATHLETE HAS SYMPTOMS AT ANY TIME DURING RTP PROGRESSION, THE ATHLETE WILL STOP ACTIVITY AND NOT RESUME UNTIL SYMPTOM-FREE. ONCE SYMPTOM-FREE, RTP PROGRESSION WILL START OVER FROM STAGE 2.

AB 2112, a California State law effective 1/1/15, states that return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician trained in the management of concussions and only after completing a graduated return to play protocol.

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