Tennessee Secondary School Athletic Association
3333 Lebanon Pike, Hermitage, TN 37076 | P.O. BOX 319
P 615-889-6740 | tssaasports.com | tssaa.org

TENNESSEE SECONDARY SCHOOL ATHLETIC ASSOCIATION CONCUSSION POLICY

Beginning with the 2010-11 school year, TSSAA implemented a new concussion policy that all member schools must follow. Every individual involved in athletics must become more proactive in identifying and treating athletes who show signs of concussions. In order to address this critical issue, the NFHS has drafted the following language and made it a part of every sport rule book publication:

> *Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.*

Education is the key to identifying and treating student-athletes that show signs of a concussion during athletic participation. It is very important that every administrator, coach, parent, official, athlete, and health-care provider know the symptoms and steps to take when dealing with student-athletes that display signs of a possible concussion. Concussion can be a serious health issue and should be treated as such.

The TSSAA Board of Control approved the following "TSSAA Concussion Return to Play Form" that must be used in practice and games. The form was adapted from the Acute Concussion Evaluation (ACE) plan on the CDC website (www.cdc.gov/injury). It contains specific instructions that shall be followed before an athlete can return to sports. The form must be completed and signed by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.), a Clinical Neuropsychologist with Concussion Training, or physician assistant (P.A.) with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician before an athlete that has been removed from practice or a game may return to participate. A copy of the form must be kept on file at the school by an administrator.

TSSAA is asking the administration of every TSSAA/TMSAA member school to meet with their coaching staff and review this policy prior to the beginning of every sports season. The state office will distribute this information to as many officials, athletic trainers, and health-care providers as possible. We ask that school personnel do the same in their area. This information should also be given to all parents and student-athletes.

Following is a copy of "Signs/Symptoms of Concussion"to help with the educational process. Please make sure every individual involved in athletics at your school has and understands this information. **The NFHS has also developed a free 20-minute course online entitled "Concussion in Sport - What you Need to Know" that we encourage every individual to take. It can be accessed at https://nfhslearn.com/courses/concussion-in-sports-2. Athletic Directors at all member schools are asked to take the lead and require every coach in their school to complete the course and make the information available to parents.** Failure to do so is not an option. Our student-athletes' safety must come first.

If you have any questions regarding this, please feel free to contact our office.

REVISED 8/1/2025

PROTOCOL FOR SCHOOLS WHEN PLAYERS EXHIBIT SIGNS, SYMPTOMS, OR BEHAVIORS CONSISTENT WITH A CONCUSSION DURING PRACTICE OR COMPETITION

1. Continue to monitor players for possible signs of injury as usual.

2. Remove any player that shows signs, symptoms, or behaviors consistent with a concussion from the activity or competition.

3. The school shall have the player examined by the school's designated health care provider. If the designated health care provider determines that the student has not sustained a concussion, the player may return to the activity or competition.

4. The head coach shall be responsible for obtaining clearance from the school's designated health care provider.

5. If the school does not have access to a designated health care provider, or if the school's designated health care provider suspects that the athlete may have sustained a concussion, the only means for an athlete to return to practice or play is for the student to be evaluated and cleared by a licensed medical doctor (M.D.), Osteopathic Physician (D.O.) or a Clinical Neuropsychologist with Concussion Training. The person clearing the student must complete and sign the "TSSAA Concussion Return to Play" form. Schools must keep this form on file.

Designated Health Care Providers - Certified Athletic Trainer, Certified Nurse Practitioner, Physicians Assistant, Doctor of Medicine, Osteopathic Physician

TSSAA

CONCUSSION RETURN TO PLAY FORM

Athlete's Name: ______________________________________ Date of Birth: _______________________

Date of Injury: _____________________

This return to play plan is based on today's evaluation. Date of Evaluation: __________________

Care Plan completed by: ____________________________________

Return to this office date/time: ______________________________

Return to School date: ______________________________________

RETURN TO SPORTS INFO:

1. Athletes should not return to practice or play the same day that their injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms - serious injury or death (although rare) can result.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms and have the contact information for the healthcare provider treating your concussion.

Please initial:

_______ The athlete reports that he/she has no symptoms while participating in daily activities at this time.

_______ I have educated the athlete and parents/guardian about the dangers of returning to play before symptoms have cleared.

- -

The following are the return to sports recommendations at this time: (Please initial any recommendations selected)

PHYSICAL EDUCATION CLASS:

_______ Do NOT return to PE class at this time. (See "Return to this office date/time" above.)

_______ Student MAY return to PE class after completion of Gradual Return to Play Plan (on back).

SPORTS:

_______ Do NOT return to sports practice or competition at this time.

_______ May GRADUALLY return to sports activities following the Gradual Return to Play Plan described on the back, under the supervision of the healthcare professional for your school or team.

_______ May be advanced back to competition after successful completion of the Gradual Return to Play Plan described on the back and after a phone conversation with treating healthcare provider.

_______ Must return to the treating healthcare provider for final clearance to return to competition after completing the Gradual Return to Play Plan. (See "Return to this office date/time" above.)

_______ All steps of Return to Play Plan have been completed successfully. Cleared for full participation in all activities without restriction.

_______ No concussion suspected, cleared for full participation without a gradual return to play plan.

CONCUSSION RETURN TO PLAY FORM

Treating Healthcare Provider Information (Please print or stamp):

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office Address: _____

_____

Please check:

_____ Medical Doctor (MD) w/ concussion training _____ Clinical Neuropsychologist w/concussion training

_____ Osteopathic Physician (DO) w/concussion training _____ Physician's Assistant (PA) w/concussion training

GRADUAL RETURN TO PLAY PLAN

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. After completion of each step **without recurrence of symptoms and no pain medication**, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your healthcare provider know, return to the first level of activity and restart the program gradually. This Gradual Return to Play process is for your own safety. Returning to play while still experiencing symptoms can result in serious injury or death. It is critical that you honestly report your symptoms to your doctor, coach and healthcare professional at the school.

GRADUAL RETURN TO PLAY PLAN:

"Day 1" means first day cleared to participate in Gradual Return to Play Plan, not first day after injury.

Day 1: Low levels of physical activity (i.e symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (low weight - moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduced time and or reduced weight from your typical routine).

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport-specific drills (agility with 3 planes of movement).

Day 4: Sports-specific practice.

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition.

This form is adapted from the Acute Concussion Evaluation Care Plan on the Center for Disease Control and Prevention website (www.cdc.gov/injury) and the TN Return to Learn/Return to Play Concussion Management Guidelines (https://www.tndisability.org/sites/default/files/2020%20TN%20Return_to_Learn-Return%20to%20Play_Concussion%20Management.pdf). All medical providers are encouraged to review both sites if they have questions regarding the latest information on the evaluation and care of the youth athlete following a concussion injury.

FORMULARIO PARA REGRESAR A JUGAR DESPUÉS DE UNA CONMOCIÓN CEREBRAL

Nombre del atleta: ___________________________________ Fecha de nacimiento: __________________________

Fecha de lesión: _________________________

Este plan para regresar a jugar está basado en la evaluación del día de hoy.

Fecha de evaluación: ______________________

Plan de cuidados completado por: ____

Fecha/hora de regreso a esta oficina: _________________________________

Fecha de regreso a la escuela: ____

INFORMACIÓN DE REGRESO A DEPORTES:

1. Los atletas no deben regresar a practicar o jugar el mismo día que ocurrió su lesión.
2. Los atletas nunca deben regresar a jugar o practicar si aún tienen CUALQUIER síntoma - de lo contrario se puede ocasionar una lesión grave, incluso la muerte (aunque esta última no es común).
3. Atletas: Asegúrense de que su entrenador y/o adiestrador atlético estén conscientes de su lesión, síntomas y tengan la información de contacto del proveedor de servicios médicos que está atendiendo su conmoción cerebral.

Escriba sus iniciales:

_______ El atleta reporta que no tiene síntomas mientras participa en actividades diarias en este momento.

_______ He informado al atleta y a sus padres/tutores acerca de los peligros de regresar a jugar antes de que los síntomas hayan desaparecido.

- -

A continuación se enumeran recomendaciones para regresar a los deportes en este momento: (Favor de escribir sus iniciales en cualquier recomendación seleccionada)

CLASE DE EDUCACIÓN FÍSICA:

_______ NO regrese a clase de Educación Física en este momento. (Consulte "Fecha/hora de regreso a esta oficina" arriba.)

_______ El alumno PUEDE regresar a clase de Educación Física después de completar el Plan Gradual para Regresar a Jugar (al reverso).

DEPORTES:

_______ NO regrese a prácticas de deporte o competencias en este momento.

_______ Puede regresar GRADUALMENTE a **actividades** deportivas siguiendo el Plan Gradual para Regresar a Jugar descrito al reverso, bajo la supervisión del profesionales de atención médica para su escuela o equipo.

_______ Puede avanzar, regresando a **competir** después de haber completado exitosamente el Plan Gradual para Regresar a Jugar descrito al reverso después de una **conversación telefónica** con el proveedor de atención médica que lo está tratando.

_______ Debe **regresar al proveedor de atención médica que lo está tratando** para la autorización final para regresar a la competencia después de completar el Plan Gradual para Regresar a Jugar. (Consulte "Fecha/hora de regreso a esta oficina" arriba.)

_____ Todos los pasos del Plan para Regresar a Jugar han sido completados exitosamente. Autorizado para participación total en todas las actividades sin restricción.

_____ No se sospecha conmoción cerebral, autorizado para participación completa sin un Plan Gradual para Regresar a Jugar.

Información para el Proveedor de Atención Médica que está tratando al atleta (Escribir con letra de molde o sellar):

Nombre del proveedor: _____ Teléfono de la oficina del proveedor: _____

Firma del proveedor: _____

Domicilio de la oficina: _____

Favor de marcar:

_____ Médico general (MD) capacitado en conmoción cerebral

_____ Neuropsicólogo clínico capacitado en conmoción cerebral

_____ Médico especialista en osteopatía (DO) capacitado en conmoción cerebral

_____ Asistente médico con formación en conmoción cerebral

PLAN GRADUAL PARA REGRESAR A JUGAR

El regreso a jugar deportes debe ocurrir en pasos graduales comenzando con un ejercicio aeróbico ligero sólo para incrementar su ritmo cardiaco (ej. ciclo estacionario); moviéndose para incrementar su ritmo cardiaco con movimiento (ej. corriendo); luego agregando contacto controlado si es apropiado; y finalmente, regresando a competencias deportivas.

Ponga atención cuidadosa a sus síntomas y sus habilidades de pensamiento y concentración en cada etapa de la actividad. Después de completar cada paso **sin recurrencia de síntomas y sin medicamentos para el dolor**, puede avanzar al siguiente nivel de actividad el siguiente día. Avance al siguiente nivel de actividad sólo si no experimenta ningún síntoma en el presente nivel. Si sus síntomas regresan, avise a su proveedor de atención médica, regrese al primer nivel de actividad y restablezca el programa gradualmente. Este Proceso Gradual para Regresar a Jugar es por su propia seguridad. Regresar a jugar mientras aún experimenta síntomas, puede dar como resultado graves lesiones, incluso la muerte. Es crítico que usted informe con honestidad sus síntomas a su doctor, entrenador y profesional de atención médica en la escuela.

PLAN GRADUAL PARA REGRESAR A JUGAR:

"Día 1" significa primer día autorizado para participar en el Plan Gradual para Regresar a Jugar, no el primer día después de la lesión.

Día 1: Niveles bajos de actividad física (ej. Los síntomas no regresan durante o después de la actividad). Esto incluye caminar, trotar ligeramente, hacer bicicleta estacionaria ligera o levantamiento de pesas ligero (bajo peso, repeticiones moderadas, sin banco, sin acuclillarse).

Día 2: Niveles moderados de actividad física con movimiento de cuerpo/cabeza. Esto incluye trotar moderadamente, correr brevemente, intensidad moderada del ciclo estacionario, intensidad moderada de levantamiento de pesas (tiempo reducido o peso reducido de la rutina típica).

Día 3: Actividad física pesada que no sea de contacto. Esto incluye correr/sprints, bicicleta estacionaria de alta intensidad, completar la rutina de levantamiento de pesas regular, rutinas específicas a un deporte sin contacto (agilidad con 3 planos de movimiento).

Día 4: Práctica específica a un deporte.

Día 5: Contacto completo en una práctica o rutina controlada.

Día 6: Retornar a competencia.

Este formulario está adaptado del Plan de Cuidados de Evaluación para Conmoción Cerebral Aguda en el sitio web del Centro de Control y Prevención de Enfermedades (www.cdc.gov/injury) y las Directrices gerenciales TN para regresar a aprender/jugar después de una conmoción cerebral (https://www.tndisability.org/sites/default/files/2020%20TN%20Return_to_Learn-Return%20to%20Play_Concussion%20Management.pdf). Se les exhorta a todos los proveedores de atención médica a revisar ambos lados si tienen preguntas respecto a la última información sobre la evaluación y cuidado de los atletas jóvenes después de una lesión de conmoción cerebral.

CONCUSSION SIGNS AND SYMPTOMS

Checklist

Student's Name: _____ **Student's Grade:** _____ **Date/Time of Injury:** _____

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* _____

_____

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* _____

_____

_____

DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

OBSERVED SIGNS	**0** MINUTES	**15** MINUTES	**30** MINUTES	☐ **MINUTES** JUST PRIOR TO LEAVING
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events *prior* to the hit, bump, or fall				
Can't recall events *after* the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
PHYSICAL SYMPTOMS				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
COGNITIVE SYMPTOMS				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
EMOTIONAL SYMPTOMS				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit cdc.gov/HEADSUP. Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite cdc.gov/HEADSUP.

→ More

Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- ❑ One pupil (the black part in the middle of the eye) larger than the other
- ❑ Drowsiness or cannot be awakened
- ❑ A headache that gets worse and does not go away
- ❑ Weakness, numbness, or decreased coordination
- ❑ Repeated vomiting or nausea
- ❑ Slurred speech
- ❑ Convulsions or seizures
- ❑ Difficulty recognizing people or places
- ❑ Increasing confusion, restlessness, or agitation
- ❑ Unusual behavior
- ❑ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

Resolution of injury:

- ❑ Student returned to class
- ❑ Student sent home
- ❑ Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: _____

TITLE: _____

COMMENTS:

Revised August 2019

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. U this information at your children's or teens' games and practices to learn how to spot a concussion and what to (if a concussion occurs.

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.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; 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. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

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

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 or Coaches

- 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. Be sure to remind them that *it's better to miss one game than the whole season.*

CDC

cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a coupl of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do nc go away, or if they get worse after they return to their regular activities.

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

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.

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 healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare 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 healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up fo hours or days.

The brain needs time to heal after a concussion. A child's or teen return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- ○ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury

  Athlete's Name Printed:_____ Date:_____

  Athlete's Signature:_____

- ○ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion c other serious brain injury.

  Parent or Legal Guardian's Name Printed:_____ Date:_____

  Parent or Legal Guardian's Signature:_____

HOJA INFORMATIVA
sobre la conmoción cerebral

CDC HEADS UP
CEREBRO SEGURO. FUTURO SEGURO.

Esta hoja contiene información que ayuda a proteger a sus hijos o adolescentes de una conmoción cerebral u otra lesión cerebral grave. Use esta información en los juegos y las prácticas de sus hijos o adolescentes para aprender a identificar una conmoción cerebral y saber qué hacer en caso de que ocurra.

¿Qué es una conmoción cerebral?

Una conmoción cerebral es un tipo de lesión cerebral traumática o TBI (por sus siglas en inglés) causada por un golpe, impacto o sacudida en la cabeza o por un golpe en el cuerpo que hace que la cabeza y el cerebro se muevan rápida y repentinamente hacia adelante y hacia atrás. Este movimiento rápido puede hacer que el cerebro rebote o gire dentro del cráneo y provoque cambios químicos en el cerebro, y a veces hace que las células cerebrales se estiren y se dañen.

¿Cómo puedo mantener a mis hijos o adolescentes seguros?

Los deportes son una buena manera para que los niños y adolescentes se mantengan saludables y los ayudan a que les vaya bien en la escuela. Para reducir las probabilidades de que sus hijos o adolescentes sufran una conmoción cerebral u otra lesión cerebral grave, usted debe:

- Ayudar a crear una cultura de seguridad para el equipo.
  - Junto con el entrenador enseñe maneras de disminuir las probabilidades de sufrir una conmoción cerebral.
  - Hable con sus hijos o adolescentes sobre las conmociones cerebrales y pregúnteles si les preocupa tener que notificar una conmoción cerebral. Hable sobre las preocupaciones que tengan y déjeles saber que es la responsabilidad de ellos, y que está bien, notificar una conmoción cerebral y tomarse el tiempo necesario para recuperarse.
  - Asegúrese de que sigan las reglas de seguridad del entrenador y las reglas del deporte.
  - Explíqueles a sus hijos o adolescentes que espera que mantengan el espíritu deportivo en todo momento.
- Enseñarles que deben usar un casco para disminuir la probabilidad de sufrir los tipos de lesiones cerebrales o de la cabeza más graves, si es adecuado para el deporte o la actividad que practiquen. Sin embargo, no existe un casco que sea a prueba de conmociones cerebrales, por lo tanto, hasta con un casco es importante que los niños y adolescentes eviten los golpes en la cabeza.

Planifique. ¿Qué le gustaría que su hijo o adolescente supiera sobre las conmociones cerebrales?

¿Cómo puedo indentificar una posible conmoción cerebral?

Los niños y adolescentes que muestran o notifican uno o más signos y síntomas enumerados a continuación, o simplemente dicen que no se "sienten del todo bien" después de un golpe, impacto o sacudida en la cabeza o el cuerpo, podrían tener una comoción cerebral u otra lesión cerebral grave.

Signos observados por padres o entrenadores

- Parece estar aturdido o desorientado.
- Se olvida de una instrucción, está confundido sobre su deber o posición, o no está seguro del juego, puntaje o de quién es su oponente.
- Se mueve con torpeza.
- Responde a las preguntas con lentitud.
- Pierde el conocimiento (aunque sea por poco tiempo).
- Muestra cambios de ánimo, comportamiento o personalidad.
- No puede recordar eventos antes o después de un golpe o una caída.

Síntomas reportados por niños y adolescentes

- Dolor de cabeza o "presión" en la cabeza.
- Náuseas o vómitos.
- Problemas de equilibrio o mareo, o visión borrosa o doble.
- Sensibilidad a la luz o al ruido.
- Se siente débil, desorientado, aturdido o grogui.
- Confusión o problemas de concentración o memoria.
- No se siente "del todo bien" o no tiene "ganas de hacer nada".

Hable con sus hijos y adolescentes sobre las conmociones cerebrales. Pídales que notifiquen los síntomas de conmoción cerebral de inmediato tanto a usted como al entrenador. Algunos niños y adolescentes piensan que las comociones cerebrales no son graves, mientras que a otros les preocupa perder su puesto en el equipo o ser vistos como débiles si notifican una comoción cerebral. Asegúrese de recordarles que *es mejor perder un juego que toda la temporada.*

Enero de 2021

LAS CONMOCIONES CEREBRALES AFECTAN A CADA NIÑO Y ADOLESCENTE DE MANERA DIFERENTE.

Aunque la mayoría de los niños y adolescentes se sienten mejor a las pocas semanas, algunos tendrán síntomas por meses o aún más. Hable con el proveedor de atención médica de sus hijos o adolescentes si los síntomas de conmoción cerebral no desaparecen o empeoran después de que regresan a sus actividades normales.

¿Cuáles son algunos signos de peligro más graves a los que debo prestar atención?

En raras ocasiones, después de un golpe, impacto o sacudida en la cabeza o en el cuerpo puede acumularse sangre (hematoma) de forma peligrosa en el cerebro y ejercer presión contra el cráneo. Llame al 9-1-1 o lleve a su hijo o adolescente a la sala de urgencias de inmediato si después de un golpe, impacto o sacudida en la cabeza o el cuerpo, presenta uno o másde estos signos de riesgo:

- Una pupila más grande que la otra.
- Mareo o no puede despertarse.
- Dolor de cabeza persistente y que además empeora.
- Dificultad de dicción, debilidad, entumecimiento o menor coordinación.
- Naúseas o vómitos, convulsiones o ataques (temblores o espasmos) periódicos.
- Comportamiento inusual, mayor confusión, inquietud o nerviosismo.
- Pérdida del conocimiento (desmayado o inconsciente).

Los niños y adolescentes que continúan jugando cuando tienen síntomas de conmoción cerebral o que regresan a jugar muy pronto, mientras el cerebro todavía se está curando, tienen mayor probabilidad de sufrir otra conmoción cerebral. Una conmoción cerebral repetida que ocurre mientras el cerebro todavía se está curando de la primera lesión puede ser muy grave y puede afectar al niño o adolescente de por vida; y hasta podría ser mortal.

¿Qué debo hacer si creo que mi hijo o adolescente ha sufrido una conmoción cerebral?

Como padre, si usted cree que su hijo o adolescente puede tener una conmoción cerebral, usted debe:

1. Retirarlo del juego.
2. No permitir que su hijo o adolescente regrese a jugar el día de la lesión. Su hijo o adolescente debe ver a un proveedor de atención médica y solo podrá regresar a jugar con el permiso de un profesional médico con experiencia en la evaluación de conmociones cerebrales.
3. Pedirle al proveedor de atención médica de su hijo o adolescente que le dé instrucciones por escrito sobre cómo ayudarlo a que regrese a la escuela. Usted puede darle indicaciones a la enfermera de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego de la escuela y a los maestros e instrucciones al instructor o entrenador deportivo sobre cómo su hijo o adolescente puede regresar al juego.

Trate de no juzgar la gravedad de la lesión. Solo un proveedor de atención médica debe evaluar a un niño o adolescente de una posible conmoción cerebral. Los signos y síntomas de las conmociones cerebrales por lo general aparecen al poco tiempo de que ocurre la lesión. Sin embargo, al principio no sabrá qué tan grave es la conmoción cerebral y es posible que algunos síntomas no aparezcan por varias horas o días.

Después de una conmoción cerebral, el cerebro necesita tiempo para curarse. El regreso de un niño o adolescente a la escuela y a los deportes debe ser un proceso gradual dirigido y monitorizado cuidadosamente por un proveedor de atención médica.

Enero de 2021

Converse con su hijo o adolescente sobre los riesgos de una conmoción cerebral y otras lesiones cerebrales graves y haga que cada persona firme lo siguiente.

Separe la sección de abajo y mantenga esta hoja informativa para usarla en los juegos y las prácticas de sus hijos o adolescentes con el fin de protegerlos de las conmociones cerebrales u otras lesiones cerebrales graves.

○ **Aprendí sobre las conmociones cerebrales y hablé con uno de mis padres o mi entrenador sobre lo que debo hacer si sufro una conmoción cerebral u otra lesión cerebral grave.**

Nombre del atleta: ______________________ Fecha: ____________

Firma del atleta: ______________________

○ **He leído esta hoja informativa para padres sobre conmoción cerebral con mi hijo o adolescente y hablamos sobre lo que debe hacer si tiene una conmoción cerebral u otra lesión cerebral grave.**

Nombre del padre o tutor legal: ______________________ Fecha: ____________

Firma del padre o tutor legal: ______________________

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR COACHES

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Read and keep this page.
Sign and return the signature page.

THE FACTS

- A concussion is a **brain injury.**
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussion can occur **in any sport.**
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth, causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow or jolt to the head or body that results in rapid movement of the head.

2. Any concussion signs or symptoms such as a change in the athlete's behavior, thinking or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
• Appears dazed or stunned	• Headache or "pressure" in head
• Is confused about assignment or position	• Nausea or vomiting
• Forgets an instruction	• Balance problems or dizziness
• Is unsure of game, score or opponent	• Double or blurry vision
• Moves clumsily	• Sensitivity to light
• Answers questions slowly	• Sensitivity to noise
• Loses consciousness, even briefly	• Feeling sluggish, hazy, foggy or groggy
• Shows mood, behavior or personality changes	• Concentration or memory problems
• Can't recall events prior to hit or fall	• Confusion
• Can't recall events after hit or fall	• Just "not feeling right" or "feeling down"

WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first – usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussion can result in brain swelling or permanent brain damage. It can even be fatal.

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks or months.

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about five to 10 minutes on an exercise bike, walking or light jogging. No weightlifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity such as sprinting/running, high-intensity stationary biking, regular weightlifting routine and/or non-contact sport-specific drills (in three planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing himself or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, helmets are not designed to prevent concussion. There is no "concussion-proof" helmet. So even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the Parent Information and Signature Form at the beginning of the season.

ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM PLAY.
Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THE AHTLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.
Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.
Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.
An athlete should be removed from play the day of the injury and until an appropriate health care provider* says he or she is symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician, physician's assistant or clinical neuropsychologist with concussion training.

REFERENCES

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.

2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the 10M Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press, 2002.

3. Centers for Disease Control and Prevention. Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-27. Available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm

If you think your athlete has a concussion
take him/her out of play and seek the advice of a health care professional
experienced in evaluating for concussion.

For more information, visit https://www.cdc.gov/heads-up/about/index.html

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR COACHES

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion and head injury.

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Sign and return this page.

_____ I have read the *Concussion Information and Signature Form for Coaches*
Initial

_____ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to
Initial return to play or practice on the same day.

After reading the Information Sheet, I am aware of the following information:

_____ A concussion is a brain injury.
Initial

_____ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right
Initial away. Other signs/symptoms can show up hours or days after the injury.

_____ If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity
Initial and referring him/her to a medical professional trained in concussion management.

_____ Student-athletes need written clearance from a health care provider* to return to play or practice
Initial after a concussion. * (Tennessee licensed medical doctor, osteopathic physician or physician's assistant or clinical neuropsychologist with concussion training)

_____ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received
Initial a blow to the head or body that resulted in signs or symptoms consistent with concussion.

_____ Following concussion the brain needs time to heal. I understand that student-athletes are much
Initial more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

_____ In rare cases, repeat concussion can cause serious and long-lasting problems.
Initial

_____ I have read the signs/symptoms listed on the *Concussion Information and Signature Form for*
Initial *Coaches.*

_____ _____
Signature of Coach Date

_____
Printed name of Coach

CONCUSSION

INFORMATION AND SIGNATURE FORM
FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events *prior* to hit or fall	Confusion
Can't recall events *after* hit or fall	Just not "feeling right" or "feeling down"

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician, or physician's assistant or clinical neuropsychologist with concussion training*

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or physician's assistant or clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a *health care provider** to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician, physician's assistant or a clinical neuropsychologist with concussion training

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal guardian Date