



CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• Slurred speech• Shows a change in personality or way of acting• Can't recall events before or after the injury• Seizures or "has a fit"• Any change in typical behavior or personality• Passes out |
|--|---|

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or throws up• Neck pain• Has trouble standing or walking• Blurred, double, or fuzzy vision• Bothered by light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Loss of memory• "Don't feel right"• Tired or low energy• Sadness• Nervousness or feeling on edge• Irritability• More emotional• Confused• Concentration or memory problems• Repeating the same question/comment |
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What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before **returning to competition**. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, 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.]*

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin. October 2016
- <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>



CIF Acute Concussion Notification Form for Parents/Guardians



- Your child has symptoms consistent with a concussion.
At the time of evaluation, there was no sign of any serious complications.
- Your child will need monitoring for a further period by a responsible adult, and should not be left alone over the next 12-24 hours.

Call 911 and go to the nearest Hospital Emergency Department for the following:	
<input type="checkbox"/> Headache that worsens	<input type="checkbox"/> Can't recognize people or places
<input type="checkbox"/> Seizure (uncontrolled jerking of arms/legs)	<input type="checkbox"/> Looks very drowsy/Can't be awakened
<input type="checkbox"/> Weakness or numbness of arms/legs	<input type="checkbox"/> Increased confusion and/or irritability
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Unusual behavior
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Lack of balance/unsteadiness on feet	<input type="checkbox"/> Drainage of blood/fluid from ears or nose
<input type="checkbox"/> Changes in vision (double, blurry vision)	<input type="checkbox"/> Loss of bowel and/or bladder control

Recommendations:

- AVOID medications like ibuprofen (Motrin, Advil), naproxen (Aleve), or aspirin until seen by a physician due to the potential of increased bleeding risk in the brain.
- Acetaminophen (Tylenol) can be tried but often won't take away a concussion headache. DO NOT give narcotic pain medication like codeine.
- Check for normal breathing every few hours while sleeping but DO NOT wake your child up unless you are concerned. If your child can't be aroused, call 911 immediately.
- Make an appointment to see a physician within 72 hours. Inform your child's teachers about the injury. Keep your child out of school if symptoms are severe or worsened by reading or studying.
- You can track your child's symptoms using the **CIF Graded Concussion Symptom Checklist** (Find this on cifstate.org). Bring these checklists to the physician's visit.
- No activities like after-school sports and PE, and no physical exertion until your child is evaluated and cleared by a physician (MD/DO) trained in the diagnosis and management of concussions.
- Refer to the **CIF Return-to-Learn** and **CIF Return-to-Play** protocols on www.cifstate.org



To Whom It May Concern:

Student Name: _____ DOB: _____

INJURY STATUS

Date of Concussion Diagnosis by MD/DO: _____

Date of Injury: _____

- Has been diagnosed by a MD/DO with a concussion and is currently under our care.
- Medical follow-up evaluation is scheduled for (date): _____
- Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

ACADEMIC ACTIVITY STATUS (Please mark all that apply)

- This student is not to return to school.
- This student may begin to return to school based on graduated progression through the **CIF Concussion Return to Learn Protocol**.
- This student requires the necessary school accommodations set forth on the **Physician (MD/DO) Recommended School Accommodations Following Concussion** form.
- This student may be released to full academic participation.

Comments: _____

PHYSICAL ACTIVITY STATUS (Please mark all that apply)

- This student is not to participate in physical activity of any kind.
- This student is not to participate in recess or other physical activities except for untimed, voluntary walking.
- This student may begin a graduated return to play progression (see **CIF Concussion RTP Protocol** form).
- This student has medical clearance for unrestricted athletic participation (Has completed the **CIF Concussion RTP Protocol**).

Comments: _____

Physician (MD/DO) Signature: _____

Exam Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____

Date: _____



CIF Concussion Return to Learn (RTL) Protocol



Instructions:

- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome.
 - Do not try to rush through these stages.
- Please give this form to teachers/school administrators to help them understand your child's recovery.

Stage	Home Activity	School Activity	Physical Activity
Brain Rest/ Restful Home Activity	<ul style="list-style-type: none"> • Initially sleep as much as needed (allow at least 8-10 hours of sleep) • Allow short naps during day (less than 1 hour at a time) • Move towards setting a regular bedtime/wake up schedule as symptoms improve • Avoid bright light if bothersome • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" (phone, computer, video games) as symptoms tolerate; use large font 	<ul style="list-style-type: none"> • No school • No homework or take-home tests • May begin easy tasks at home (drawing, baking, cooking) • Soft music and 'books on tape' okay • Limit reading of hard-copy books as symptoms tolerate (e.g., short intervals of 10-15 min) • Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms they may go to the next step 	<ul style="list-style-type: none"> • Walking short distances initially to get around is okay • As symptoms improve, progress physical activity, like vigorous walking • No strenuous exercise or contact sports • No driving
	Progress to the next stage when your child starts to improve, but may still have some symptoms		
Return to School - PARTIAL DAY	<ul style="list-style-type: none"> • Set a regular bedtime/wake up schedule • Allow 8-10 hours of sleep per night • Limit napping to allow for full sleep at night • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • Limit "screen time" and social activities outside of school as symptoms tolerate 	<ul style="list-style-type: none"> • Gradually return to school • Sit in front of class • Start with a few hours/half-day • Take breaks in the nurse's office or a quiet room every 2 hours or as needed • Avoid loud areas (music, band, choir, shop class, locker room, cafeteria, loud hallway and gym) • Use brimmed hat/earplugs as needed • Use preprinted large font (18) class notes • Complete necessary assignments only • Limit homework time • No tests or quizzes • Multiple choice or verbal assignments better than long writing assignments • Tutoring or help as needed • Stop work if symptoms increase 	<ul style="list-style-type: none"> • Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • No driving
	Progress to the next stage as symptoms continue to improve and your child can complete the activities listed above		
Return to School - FULL DAY	<ul style="list-style-type: none"> • Allow 8-10 hours of sleep per night • Avoid napping • Stay well-hydrated and eat healthy foods/snacks every 3-4 hours • "Screen time" and social activities outside of school as symptoms tolerate 	<ul style="list-style-type: none"> • Progress to attending core classes for full days of school • Add in electives when tolerated • No more than 1 test or quiz per day • Give extra time or untimed homework/tests • Tutoring or help as needed • Stop work if symptoms increase 	<ul style="list-style-type: none"> • Progress physical activity and as instructed by physician • No strenuous physical activity or contact sports • Okay to drive
	Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms		
Full Recovery	<ul style="list-style-type: none"> • Return to normal home and social activities 	<ul style="list-style-type: none"> • Return to normal school schedule and course load 	<ul style="list-style-type: none"> • Start CIF Return to Play Protocol



Physician (MD/DO) Recommended School Accommodations Following Concussion



Patient Name: _____ Date: _____

I, _____, give permission for the physician to share the following information with my child's school and for communication to occur between the school and physician for changes to this plan. Parent Signature: _____

The patient will be reevaluated for revision of these recommendations in _____ weeks. Date of Injury: _____ Date of Concussion Dx: _____

Physician Name/Signature: _____ Exam Date: _____

This student has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the student from school today due to the medical appointment. Flexibility and additional support are needed during recovery. The following are suggestions for academic accommodations to be individualized for the student as deemed appropriate in the school setting. *Accommodations can be modified as the student's symptoms improve/worsen.*

Please see the CIF Return to Learn Protocol for more information (cifstate.org).

Area	Requested Modifications	Comments/ Clarifications
Attendance	<input type="checkbox"/> No School <input type="checkbox"/> Partial School day as tolerated by student – emphasis on core subject work <u>Encouraged Classes:</u> _____ <u>Discouraged Classes:</u> _____ <input type="checkbox"/> Full School day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
Breaks	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse's office; if no improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <u>Mandatory Breaks:</u> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
Visual Stimulus	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear brimmed hat in school; seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
Auditory Stimulus	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e. music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
School Work	<input type="checkbox"/> Simplify tasks (i.e. 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks) /eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night; take a break every _____ minutes <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
Testing	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	
Educational Plan	<input type="checkbox"/> Student is in need of a formal site-based academic support plan	
Physical Activity	<input type="checkbox"/> No physical exertion/athletics/gym/recess <input type="checkbox"/> Untimed walking in PE class/recess only <input type="checkbox"/> May begin graduated return to play protocol; see CIF Return to Play (RTP) protocol (cifstate.org)	



CIF Concussion Return to Play (RTP) Protocol



CA STATE LAW AB 2127 STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION, AND ONLY AFTER COMPLETING A GRADUATED RETURN TO PLAY PROTOCOL.

Instructions:

- A graduated return to play protocol **MUST** be completed before you can return to FULL COMPETITION. Below is the CIF RTP Protocol.
 - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., athletic director, coach), must initial each stage after you successfully pass it.
 - You should be back to normal academic activities before beginning Stage II, unless otherwise instructed by your physician.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms worsen at any stage in the progression, **IMMEDIATELY STOP** any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below, or as otherwise directed by your physician. Minimum of 6 days to pass Stages I and II.

Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	Limited physical activity that does not exacerbate symptoms for at least 2 days	<ul style="list-style-type: none"> • Untimed walking okay • No activities requiring exertion (weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and reduction/elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (<i>min</i>) of brisk walking or stationary biking • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to ≤ 50% of perceived maximum (<i>max</i>) exertion (e.g., < 100 beats per min) • Monitor for symptom return
	II-B	Moderate aerobic activity (<i>Light resistance training</i>)	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking • Body weight exercises (squats, planks, push-ups), max 1 set of 10, ≤ 10 min total 	<ul style="list-style-type: none"> • Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) • Monitor for symptom return
	II-C	Strenuous aerobic activity (<i>Moderate resistance training</i>)	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting ≤ 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to > 75% max exertion • Monitor for symptom return
	II-D	Non-contact training with sport-specific drills (<i>No restrictions for weightlifting</i>)	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
<p>Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor. <i>You must be symptom-free prior to beginning Stage III.</i></p>				
	III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
		Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
<p>MANDATORY: You must complete at least ONE contact practice before return to competition, or if non-contact sport, ONE unrestricted practice (If contact sport, highly recommend that Stage III be divided into 2 contact practice days as outlined above)</p>				
	IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Athlete's Name: _____ **Date of Injury** _____ **Date of Concussion Diagnosis:** _____



CIF GRADED CONCUSSION SYMPTOM CHECKLIST



Today's Date: _____ Time: _____ Hours of Sleep: _____ Date of Injury: _____ Date of Diagnosis: _____

- Grade the 22 symptoms with a score of 0 through 6.
 - Note that these symptoms may not all be related to a concussion.
- You can fill this out at the beginning of the season as a baseline (after a good night's sleep).
- If you suspect that you have a concussion, use this checklist to record your symptoms.
- You can track your symptoms as you recover.
 - There is no scale to which to compare your total score; your score is individualized to you.
- Show your baseline (if available) and any follow-up checklists to your physician.

- Baseline Score
 Post Concussion Score

	None	Mild	Moderate	Severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional than usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
TOTAL SUM OF EACH COLUMN	0						
TOTAL SYMPTOM SCORE (Sum of all column totals)							

NAME _____ HIGH SCHOOL _____

D.O.B. _____ SPORT _____ PHYSICIAN (MD/DO) _____