



LOUDOUN COUNTY PUBLIC SCHOOLS
DIVISION OF ATHLETICS



Concussions in High School Sports—LCPS Guidelines for Parents, Athletes, & Staff
IMPORTANT INFORMATION—READ CAREFULLY

Loudoun County Public Schools – Student Athlete Concussion Guidelines:

The Code of Virginia was amended to include Sections 22.1-271.5 and 22.1-271.6 directing Virginia school divisions to **develop and distribute guidelines for policies dealing with concussions** in student-athletes, and requiring LCPS to **obtain written acknowledgment from students and parents** of information regarding **the identification and LCPS handling of suspected concussions** in student athletes. This Guideline details the **“Return To Play” (RTP)** and the **“Return To Learn” (RTL)** protocols to be followed.

1. Concussion Facts:

- A concussion is a brain injury caused by a bump, blow, or jolt to the head, face, neck, or body which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull. A student-athlete does not have to lose consciousness to suffer a concussion.
- Concussions can occur in all sports, not just contact sports. All athletes are at risk. An athlete does not have to sustain a blow to the head to suffer a concussion.
- A concussion may have multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks.
- Concussion symptoms may last from a few days to several months.
- A concussion can affect a student-athlete’s ability to do schoolwork and other activities.
- A student-athlete may return to light physical and cognitive activity while still having symptoms if supervised by an approved medical professional.
- Concussions are treatable injuries. Most student-athletes who experience a concussion can recover completely as long as they do not return to play prematurely. The effects of repeated concussions can be cumulative, and after a concussion, there is a period in which the brain is particularly vulnerable to further injury. If a student-athlete sustains a second concussion during this period, the risk of permanent brain injury increases significantly and the consequences of a seemingly mild second concussion can be very severe, and even result in death (i.e., “Second Impact Syndrome”).

2. Concussion Signs and Symptoms:

Headache	Visual Problems	Feeling mentally foggy	Irritability
Nausea	Fatigue/Feeling tired	Feeling slowed down	Sadness
Dizziness	Sensitivity to light/noise	Difficulty remembering	More emotional
Balance Problems	Numbness/Tingling	Difficulty concentrating	Nervousness
Disorientation	Dazed or confused	Personality changes	Memory issues
Drowsiness	Sleeping less than usual	Sleeping more than usual	Trouble sleeping

3. Actions if a Student-Athlete Suffers a Suspected Concussion Event:

- Student-athlete **shall be immediately removed from play**, be it a game or practice and **may not return to play or practice on that same day**. Continuing to participate in physical activity after a concussion that same day can lead to worsening concussion symptoms, increased risk for further injury, and even a risk of death. **WHEN IN DOUBT, SIT THEM OUT.**
- Student-athlete or parent/guardian must contact the school Athletic Trainer within 24 hours and have a follow-up evaluation performed by an approved healthcare professional within 48 hours if possible.
- Student-athlete **must be evaluated by an Approved Healthcare Professional and be cleared** before returning to play or practice. The healthcare professional's written diagnosis indicating the student-athlete's status shall be provided to the Athletic Trainer for further clearance. **Approved Healthcare Professionals include Certified Athletic Trainer (ATC), Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Certified Nurse Practitioner (CNP), and/or Neuropsychologist.**
- The student-athlete will be placed in the appropriate **RTL** and **RTP** phase by the Athletic Trainer. They may gradually progress through some or all of the following phases in a **step-wise fashion** to allow the brain to re-adjust to cognitive and physical exertion. Referral to a concussion specialist may be recommended to a student-athlete when the Athletic Trainer feels it is appropriate.

4. Post-Concussion Assessment and Neurocognitive Testing

- In an effort to provide for the safety of our student-athletes, LCPS offers the **Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)** program as a tool to assist in the evaluation and management of concussions. ImPACT is widely used and is the most scientifically validated computerized concussion evaluation tool. Given the inherent difficulties in concussion management, it is important to manage concussions on an individualized basis and to perform baseline testing and/or post injury testing.

This type of concussion assessment can help to objectively evaluate the concussed student-athlete's post-injury condition and track recovery for appropriate return to learn and safe return to play, thus preventing the cumulative effects of concussion. The decision and timing for proper post-injury testing will be determined by the supervising Athletic Trainer. A **"baseline" ImPACT** evaluation is conducted by the LCPS Athletic Trainer with assistance from the coaches trained to administer baseline testing.

- The Athletic Trainer may also use tools such as a vestibular-ocular motor screening (VOMS), sideline evaluation (SACVNI, SCAT3, etc.), and a thorough history and input from necessary stakeholders to get a better idea of extent of injury and course of action.

5. Behavioral Management Strategies- After the initial 24 hours following a concussion, the student-athlete should maintain a regulated schedule:

- **Diet:** Eat breakfast, lunch and dinner each day.
- **Hydration:** Stay well hydrated
- **Sleep:** Stick to a strict sleep schedule with a regular bedtime and wake-up time. It is generally recommended that student-athletes obtain 7-9 hours, with limited to no naps of no longer than 30 minutes.
- **Physical Activity:** It is recommended that the student-athlete take walks or ride a stationary bike following the injury.
- **Lifestyle:** The current recommendation for concussion recovery is to maintain a normal lifestyle as much as possible and reduce the amount of normal routine modifications.
- **Stress:** Try to reduce stress in the student-athlete to help avoid nervousness and increased anxiety.

6. What Must Be Done By Student Athletes, Parents, and Coaches?

- **All parties must** learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Student-athletes should immediately inform the athletic trainer and/or coach if they or a teammate is experiencing or showing signs/symptoms of a concussion
- Work with the school nurse, counselor and teachers on school day modifications and classwork.
- Report concussions to the athletic trainer and coaches to help monitor injured student-athletes as they move to the next sports season.

RETURN TO LEARN

A student recovering from a brain injury shall gradually increase cognitive activities progressing through some or all of the following phases based on evaluation and input by parent/guardian, teachers, and school staff.

Red: Home/Brain Rest

- No school
- Rest quietly, nap as needed, but stick to a regular sleep schedule
- Limit reading, computer use, texting, video games, etc. as tolerated
- Homework as tolerated
- Drink plenty of fluids and eat light protein snacks every 2-3 hours
- Light physical activity, like going outside for a short distance walk
- No strenuous activity

Yellow: School full-time as tolerated with academic modifications and rest breaks as needed

- Reduced workload and work with teachers to modify or prioritize assignments
- Homework as tolerated
- Built-in breaks as needed if symptoms worsen during class
- Modified or limited classroom testing
- Consider alternative testing methods (oral/open book/take home test)
- Exclusion from standardized testing
- May need to avoid loud places (music, gym, shop class, and cafeteria)
- No or modified PE as instructed

Green: School full-time with no academic modifications.

- Attends all classes; maintains full academic load/homework; requires no instructional modifications.

RETURN TO PLAY

The student-athlete must remain asymptomatic for 24 hours to progress to the next stage. If symptoms return during any of the stages, the student-athlete must return to the previous stage.

Stage 1	<ul style="list-style-type: none"> • Light aerobic conditioning in quiet area (Athletic Training Clinic) • No impact activities • Balance activities 	<ul style="list-style-type: none"> • Exercises that limit head movements • Core exercises without head movements • Limit concentration activities
Stage 2	<ul style="list-style-type: none"> • Light to moderate aerobic conditioning in gym or field areas • Balance activities with head movements • Resistance exercises with head movements (machines and free-weights) 	<ul style="list-style-type: none"> • Low intensity sport specific activities with head movements • Core exercises with head movements • Low level concentration activities
Stage 3	<ul style="list-style-type: none"> • Moderately aggressive aerobic exercise (intervals, stair running) • All forms of resistance exercises • Dynamic warm-ups • Impact activities (running, plyometrics) 	<ul style="list-style-type: none"> • Challenge positional changes (burpees, mountain climbers) • More aggressive sport-specific activities • Incorporate concentration challenges (visual games)
Stage 4	<ul style="list-style-type: none"> • Maximum exertion sport specific activities but avoiding contact • Have athlete participate in non-contact practice 	<ul style="list-style-type: none"> • If after Stage 4, there are no increase in symptoms, the student-athlete will be given a second post-injury ImPact test before progressing to Stage 5. If the student-athlete does not clear the ImPact test, the athletic trainer will proceed as they feel necessary.
Stage 5	<ul style="list-style-type: none"> • Full participation with contact in practice and Physical Education classes 	
Stage 6	<ul style="list-style-type: none"> • Resume full participation in competition 	<ul style="list-style-type: none"> • Game-play with release from Approved Healthcare Professional (Certified Athletic Trainer, Medical Doctor, Doctor of Osteopathic Medicine, Physician Assistant, Certified Nurse Practitioner or Neuropsychologist).

Indicate your agreement by signing below and returning the signed form to your student's school.

Keep a copy for your records.

I have received and read the Loudoun County Public Schools Student Athlete-Concussion Guidelines and grant my consent and permission for the student-athlete to participate in the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) program including baseline and testing for suspected concussions.

Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the LCPS concussion program for the student-athlete's best welfare and safe participation in sports for Loudoun County Public Schools.

Student Athlete Name (print):

Student Athlete Signature:

Date:

Parent/Guardian Name (print):

Parent/Guardian Signature:

Date: