

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes No Condition	Whom	Yes No Condition	Whom	Yes No Condition	Whom
<input type="checkbox"/> <input type="checkbox"/> Heart Attack/Disease	_____	<input type="checkbox"/> <input type="checkbox"/> Sudden Death	_____	<input type="checkbox"/> <input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> <input type="checkbox"/> Stroke	_____	<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	_____	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	_____
<input type="checkbox"/> <input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia	_____	<input type="checkbox"/> <input type="checkbox"/> Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes No Condition	Date	Yes No Condition	Date	Yes No Condition	Date
<input type="checkbox"/> <input type="checkbox"/> Head Injury / Concussion	_____	<input type="checkbox"/> <input type="checkbox"/> Neck Injury / Stinger	_____	<input type="checkbox"/> <input type="checkbox"/> Shoulder L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Elbow L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Arm / Wrist / Hand L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Back	_____
<input type="checkbox"/> <input type="checkbox"/> Hip L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Thigh L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Knee L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Lower Leg L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Chronic Shin Splints	_____	<input type="checkbox"/> <input type="checkbox"/> Ankle L / R	_____
<input type="checkbox"/> <input type="checkbox"/> Foot L / R	_____	<input type="checkbox"/> <input type="checkbox"/> Severe Muscle Strain	_____	<input type="checkbox"/> <input type="checkbox"/> Pinched Nerve	_____
<input type="checkbox"/> <input type="checkbox"/> Chest	_____	Previous Surgeries: _____			

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes No Condition	Yes No Condition	Yes No Condition
<input type="checkbox"/> <input type="checkbox"/> Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/> <input type="checkbox"/> Asthma / Prescribed Inhaler	<input type="checkbox"/> <input type="checkbox"/> Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/> <input type="checkbox"/> Seizures	<input type="checkbox"/> <input type="checkbox"/> Shortness of breath / Coughing	<input type="checkbox"/> <input type="checkbox"/> Rapid weight loss / gain
<input type="checkbox"/> <input type="checkbox"/> Kidney Disease	<input type="checkbox"/> <input type="checkbox"/> Hernia	<input type="checkbox"/> <input type="checkbox"/> Take supplements/vitamins
<input type="checkbox"/> <input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> <input type="checkbox"/> Knocked out / Concussion	<input type="checkbox"/> <input type="checkbox"/> Heat related problems
<input type="checkbox"/> <input type="checkbox"/> Single Testicle	<input type="checkbox"/> <input type="checkbox"/> Heart Disease	<input type="checkbox"/> <input type="checkbox"/> Recent Mononucleosis
<input type="checkbox"/> <input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Enlarged Spleen
<input type="checkbox"/> <input type="checkbox"/> Dizzy / Fainting	<input type="checkbox"/> <input type="checkbox"/> Liver Disease	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Trait/Anemia
<input type="checkbox"/> <input type="checkbox"/> Organ Loss (kidney, spleen, etc)	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Overnight in hospital
<input type="checkbox"/> <input type="checkbox"/> Surgery	<input type="checkbox"/> <input type="checkbox"/> Prescribed EPI PEN	<input type="checkbox"/> <input type="checkbox"/> Allergies (Food, Drugs) _____
<input type="checkbox"/> <input type="checkbox"/> Medications _____		

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). Yes No

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers	<input type="checkbox"/>	<input type="checkbox"/>
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: ___contact ___non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Lafayette Parish School System

ATHLETIC POLICY

The athletic programs for the Lafayette Parish School System give each student athlete the privilege each year to become a member of the team. Athletics is an important phase of a high school education and must be based upon the same sound philosophical principles that guide the academic disciplines.

It is with this philosophy in mind that Lafayette Parish School System student athletes are afforded the opportunity to develop into intellectual, responsible, successful contributors to society, and with the knowledge that athletics play an integral part of the student athlete's educational aspect, the following guidelines are stated:

- I. Grades - Eligibility is enforced under the guidelines of the Louisiana High School Athletic Association. (Refer to the LHSAA Official Handbook and LPSS Middle School Handbook)
- II. Attendance - Adhere to the guidelines of the Lafayette Parish School System and the Louisiana High School Athletic Association (LHSAA). Student athletes are required to attend school daily. If some medical or serious personal complications arise; the athlete or parent of the athlete must call the coach to inform him/her of the situation. This call must be made before practice begins that day.
- III. Practice - Each student athlete is required to attend practice daily; unless excused by the coach of the sport involved or by administrative excuse. Failure to comply will result in discipline and/or suspension from the team.
- IV. Discipline - Student athletes are required to follow the rules and regulations as they are determined by the Lafayette Parish School Board.

If a student athlete is suspended from school, he/she will be indefinitely suspended from the team. However, he/she can be given the opportunity to return to the team after the successful completion of the disciplinary action administered by the coach subsequent to approval by the athletic director. The student athlete will also be required to conform to the sportsmanship rules as stated in the LHSAA handbook.

Lafayette Parish student athletes of any age who exhibit un-exemplary conduct in or out of school or competition (namely the buying, selling, possession, or use of tobacco, alcohol or drugs; fighting, stealing, lying, possessing false identification, forgery, cheating, vandalizing, trouble with the police, or other unacceptable conduct) will be suspended from interscholastic competition in accordance with the formal suspension policy.

Any athlete who commits any of these violations will be suspended immediately and may be suspended up to one calendar year pending staff review. If persons in possession of alcohol or controlled substances (invited or uninvited) arrive at a party being given by a Lafayette Parish athlete, that athlete is responsible under this policy for the immediate removal of those persons and of all alcohol and/or controlled substances from the premises. Police should be contacted without delay if these persons refuse to leave.

*All disciplinary action will be reasonable and based on the specific circumstances and facts as determined by the school administration.

- V. Lettering (Jackets)
Once a student athlete has earned a letter jacket, individual schools adopt their own lettering policies. Along with the earned right to wear this athletic award goes certain responsibilities. If for any reason the athlete does not live up to the responsibilities, the earned right to wear the jacket is revoked. Upon graduation the jacket becomes the athlete's personal property. Until then, the jacket is the property of LPSS School's Athletic Department and may be picked up if any athlete does any of the following:
 1. Breaks training rules, such as smoking, drinking or using drugs.

2. Quits the sport in which the athlete has lettered.
3. Does not follow general team rules or attend practice sessions, scrimmages, or games.
4. Shows continual disrespect to coaches, faculty, or administration.
5. Does not maintain an academic average which will permit participation in athletics (refer to LHSAA Handbook and LPSS Middle School Handbook).

The application of this policy will be carried out by the school base Athletic Director and the coaches under the supervision of the Principal and Parish Athletic Director.

- VI. Student Athletes are given the opportunity to develop the understanding that the realm of sports is closely related to the challenges, responsibility and obstacles that they will face in society. Understanding as adults, that in the situation of high school athletics, we are dealing with youth; and that young people will make mistakes:

The above disciplinary policy will be thoroughly thought out in all situations and that reasonable, fair, and impartial decisions will be made by the coach in accordance with their judgement and the betterment of the team. This authorization/consent shall remain in effect during the entire duration of time the student participates in any organized sport.

Parent/Guardian

Telephone

Date

Athlete

Date

Mandatory Student-Athlete Authorization/Consent for Disclosure of protected Health Information

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated hereunder (collectively known as "HIPAA"), I hereby authorize the athletic Trainers, physical therapists, sports medicine staff and other health care persons representing Acadiana Physical Therapy, Louisiana Orthopedic Specialists, Lafayette Parish School System: Athletic Director, Team Coach, and Administrative Assistant to the Athletic Director, authorized Team Physicians and your choice of Family and/or consulting Physicians to release medical information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student athlete's training for the participation in athletics with the Lafayette Parish School System. I further understand that it is at my request that the release of protected health information to a coach, athletic director, school official is made to confirm participation in interscholastic sports. The request for medical information includes all patient health care records regarding the care, evaluation, prognosis, referral or treatment including, but not limited to, any and all records, reports, correspondence, radiographic films pertaining to the care and treatment of an injury sustained by the student-athlete on. This includes all portions of any medical records which my physicians, or other health care providers, or I have specifically designated as "confidential." I understand that my signed authorization will be kept in a locked cabinet along with all medical information received and that said information will be available only to the individuals named above. I understand that a parent or guardian signature for authorization for release of medical information is mandatory prior to playing sports. Treatment, payment, enrollment or eligibility of benefits may not be conditioned on obtaining patient's authorization. This consent is revocable by the patient at any time except to the extent listed above has taken action upon it. A revocation is effective by the Health Care Provider listed above upon receipt of a written request to revoke, and a copy of the executed authorization form. A photocopy of this authorization shall be considered as valid as the original. This authorization shall remain in effect for one year from date of signing. The athlete and parent must sign below before the athlete is allowed to play.

I understand that as a parent/legal guardian I give authorization for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete with the Lafayette Parish School system for the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my protected health information is protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I, the parent/legal guardian, understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but I do, it will not have any effect on the actions the Lafayette Parish School officials took in reliance on this authorization/consent prior to receiving the revocation. This authorization specifically authorizes the health care provider to disclose records created at any time after the signing, regarding the specific injury, until the authorization expires one year from the date of signing.

Athlete's (patient) Name

Parent/Guardian Name

Athlete's (patient) Signature

Parent/Guardian Signature

Date

Date

LourdesSportsCare

The team behind your team



Athlete Name _____ Athlete DOB _____ Circle Gender M or F

Athlete Email Address _____

Grade Level 6 7 8

Athlete Home Address _____ City _____ State _____ Zip _____

Sports Playing _____

Mother (Guardian) _____ Mother's Place of Employment _____

Mother Home Address _____ City _____ State _____ Zip _____

Mother Email Address _____ Mother Work # _____ Mother Cell # _____

Father (Guardian) _____ Father's Place of Employment _____

Father Home Address _____ City _____ State _____ Zip _____

Father Email Address _____ Father Work # _____ Father Cell # _____

Athlete's Health Insurance information:

Insurance Company: _____ PPO Plan (if applies) _____

Member ID: _____ Group ID (if applies) _____

Insurance with: Father's Employment Mother's Employment Individual Plan Medicaid Plan _____

Local Hospital Choice in the event of an emergency: _____

Family Physician: _____ Physician's Phone # _____

Please list any allergies, major injuries, medications taking regularly or any pertinent medical history or information:

Acknowledgement Of Athletic Cautionary Statement

The athletic programs of LPSS have developed safety guidelines for all students participating in school sponsored athletic activities and events. Each sport is unique in its characteristics, skills, and rules of participation. Due to the intense demands and conditioning required, athletes and parents are asked to read and understand certain cautions and responsibilities designed to improve the safety and enjoyment of each specific sport. The information contained in the sport rules and procedures is to inform the athletes and parents of the proper techniques to maximize safety in participation and competition. It is important that parents and athletes understand that the possibility of sustaining an injury ranging from minor to catastrophic exists while participating in any athletic program.

While LPSS provides all athletes with student accident insurance any medical bills are ultimately the responsibility of the parent/guardian. The accident policy provided by LPSS is very limited in coverage.

My student-athlete and I have been provided a copy of the documents listed below and read through these documents that correspond to the sport in which my child participates. We are aware of the potential dangers and necessary precautions for participation in sports, including the potential for serious injuries such as concussions.

Cautionary Statements

Concussion & Serious Sports Injury

Concussion Fact Sheet

Printed Name (Athlete)

Date

Athlete Signature

Printed Name (parent/guardian)

Date

Parent/Guardian Signature



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The team behind your team



Louisiana Youth Concussion & Serious Sports Injury Laws

In the summer of 2011 Act 314 and Act 352 were enrolled by the Louisiana legislature concerning the health and welfare of youths participating in recreational and school sponsored athletic activity.

Act 314, commonly known as the "Louisiana Youth Sport Concussion Law" provides for concussion education for the athlete and parent, requirements for removal from competition and return to play following the incidence of concussion.

Act 352, commonly known as the "Serious Sports Injury Rule", concerns the implementation of a Comprehensive Sports Injury Management program for students who participate in school sanctioned athletic competition. By your son/daughter's participation in the athletic programs at Louisiana High Schools, these laws must be understood and adhered to by written acknowledgement.

Act 314 "Louisiana Youth Sport Concussion Law"

- Prior to the beginning of each athletic season, educational awareness is provided to all coaches, officials, volunteers, youth athletes (7-19 years of age), parents and/or legal guardians.
- Officials, Employed or Voluntary Coaches complete an annual concussion recognition education course.
- Each youth athlete and parent and/or legal guardian sign that they have received, read and understand the concussion and head injury information sheet. This sheet must be signed by the athlete and the parent and/or guardian and returned prior to participation in athletic practice and/or competition at any LPSS High School.
- If the youth athlete suffers a concussion or head injury, they will be removed from practice or game and **MUST** be examined by a Licensed Medical Doctor, Licensed Nurse Practitioner, Licensed Physician Assistant or Licensed Neuropsychologist.
 - The youth may not return to activity without written clearance from one of the above healthcare providers.
- After the youth is cleared to return to play in writing, a gradual return to play/competition will be administered and monitored by the school's Licensed Athletic Trainer.
- LPSS mandates a baseline neurocognitive concussion test (Impact Test) prior to beginning sports practice and competition. In addition, if your son/daughter suffers a concussion they will be mandated to go through post-concussion testing. They must pass the impact test prior to returning to play.

Act 352 "Serious Sports Injury Rule"

- Each high school must provide a "Comprehensive Sports Injury Management Program."
 - An athlete suspected of having a "loss of physical, mental or emotional function" injury by direct or indirect means, shall be immediately disqualified from participation.
 - Each athlete removed from competition must be evaluated by a Licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) as soon as possible for diagnosis of serious or non-serious injury.
 - An "on-site" appropriate health care provider (Licensed Medical Doctor, Doctor of Osteopathic Medicine, Licensed Physician's Assistant, Licensed Nurse Practitioner or Licensed Athletic Trainer) may provide immediate medical clearance for return to play for any *non-serious* injury in accordance with their respective scope of practice.
 - If "on-site" medical assistance is not available, the head coach shall be responsible for the removal of the athlete from practice/competition and ensure that medical treatment is rendered appropriately in a timely manner and to obtain medical clearance from MD or DO for return to play.
 - Each student athlete and their parent or legal guardian shall document that they have viewed information regarding the risk of serious sports injuries.
- Pertinent Definitions
 - Loss of Function - the immediate inability to perform sports specific activity and/or the prolonged inability to perform activities of daily living
 - Direct Injury - an injury which results from participation in the fundamental skills of the sport. This may include, but not limited to fractures, dislocations, injuries to the eyes, dental or other acute episode of musculoskeletal injury
 - Indirect Injury - an injury caused by a systemic failure (usually cardiac or respiratory in nature) as a result of exertion while participating in an activity or by complication which may be secondary to a non-fatal injury
 - Return to Play - a term used to describe the action when an athlete who has had a serious sports injury is released by an MD or DO to return to practice, conditioning or competition

CONCUSSION FACT SHEET FOR PARENTS & ATHLETES

What is a concussion?

A concussion is a brain injury 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 as a result of a blow to the head or body. An athlete does not have to lose consciousness (knocked out) to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girls' lacrosse, girls' soccer, boys' lacrosse, wrestling and girls basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

What are the signs and symptoms of a concussion?

Signs observed by parents, friends, teachers or coaches:

- Appears dazed or stunned
- Is confused about what to do
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit

Symptoms reported by an athlete:

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected

to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing.

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a healthcare professional who is familiar with sport concussions. You should call your child’s physician and explain what has happened and follow your physician’s instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.

When can an athlete return to play following a concussion?

After suffering a concussion, no athlete should return to play or practice on that same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover quickly enough for an athlete to return to activity in such a short time. Concerns over athletes returning to play too quickly have led Louisiana lawmakers to pass laws stating that player shall not return to play following a concussion until the athlete is cleared by an appropriate healthcare professional, Medical Doctor, Physician’s Assistant, Nurse Practitioner or NeuroPsychology trained Psychologist before he or she is allowed to return to play in games or practices. The law also mandates that coaches and officials receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by a healthcare professional knowledgeable in the care of sports concussions, he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. The athlete will complete a new step each day. If your school athletic organization has the services of a Licensed Athletic Trainer, the athletic trainer will oversee the return to play protocol following written release from a physician. The return to play schedule should proceed as below following written medical clearance:

1. Light exercise, including walking or riding an exercise bike. No weight-lifting.
2. Running in the gym or on the field. No helmet or other equipment.
3. Non-contact training drills in full equipment. Weight-training can begin.
4. Full contact practice or training.
5. Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

How can a concussion affect schoolwork?

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization. In many cases it is best to lessen the athlete’s class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

What can I do?

- Both you and your child should learn to recognize the “Signs and Symptoms” of concussions as listed above.
- Teach your child to tell the coaching staff or athletic trainer if he or she experiences such symptoms.
- Emphasize to administrators, coaches, teachers, athletic trainer and other parents your concerns and expectations about concussion and safe play.

- Teach your child to tell the coaching staff or athletic trainer if he or she suspects that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

Other Frequently Asked Questions

Why is it so important that an athlete not return to play until they have completely recovered from a concussion?

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrence, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return to sport or other at risk participation when symptoms of concussion are present and recovery is ongoing.

Is a Cat scan or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT (Cat) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not normally utilized, even by athletes who have sustained severe concussions. A concussion is diagnosed based upon the athlete's story of the injury and the healthcare provider's physical examination.

What is the best treatment to help my child recover more quickly from a concussion?

The best treatment for a concussion is rest. There are no medications that can speed the recovery from concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased use of computers, phones, video games, etc., but the access must be lessened if symptoms worsen.

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within one week of the initial injury. You should anticipate that your child will likely be out of sports for about two weeks following a concussion. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

How many concussions can an athlete have before he or she should stop playing sports?

There is no "magic number" of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as how the injury happened and length of symptoms following the concussion, are very important and must be considered when assessing an athlete's risk for further and potentially more serious concussions. The decision to "retire" from sports is a decision best reached following a complete evaluation by your child's primary care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussion.

I've read recently that concussions may cause long-term brain damage in professional football players. Is this risk for high school athletes who have had a concussion?

The issue of "chronic encephalopathy" in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate retired football players. At this time we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

In the cases of the retired NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in some cases. Obviously, the average high school athlete does not come close to suffering the total number of head traumas seen by professional football players. However, the fact that we know very little about the long-term effects concussions in young athletes is further reason to very carefully manage each concussion.

If you have any questions or concerns related to concussion or any injury, you're welcome to call Lourdes SportsCare Network

337-232-3111

or

337-268-SPOR(T) - 24 Hour Injury Beeper