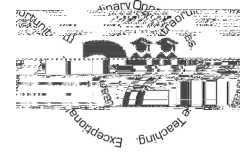


Township District 211 Concussion Care Protocol



General Information:

A student's best chance of full recovery from a concussion involves avoiding overexertion of the brain that significantly increases concussion symptoms. Strict rest for 24-48 hours after injury is encouraged, with relative rest based on symptoms with cognition and physical activity is recommended for full recovery. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. Symptom limiting cognitive activities are recommended to ensure recovery. Physical activity such as physical education and athletic practices or competitions will be avoided until appropriate in the Return to Play progression. For athletes, symptom limited activities will be conducted and monitored by an athletic trainer while the athlete is in concussion protocol.

Please note that timelines in the Concussion Care protocols are general guidelines. Recovery is individualized and each student/athlete will respond differently to a head injury and the timelines will be adjusted accordingly by the health care personnel.

It is recommended that this protocol is shared with the student's primary care physician (licensed to practice medicine in all its branches, i.e. pediatrician) during the initial visit.

Definition:

Non Athlete student: A student that is currently not actively participating in a District 211 in-season sport.

Student Athlete: A student that is currently participating in a District 211 in-season sport.

Stages of Concussion Recovery and Academic/Athletic Participation:

1. Out-of-School (as symptoms dictate)
2. In-Concussion Protocol – Return to Learn/Return to Play
3. Out-of-Protocol

Points of Emphasis:

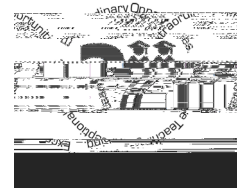
For the concussion protocol to be initiated, the student the non-district 211 athlete must be initially evaluated by a health care provider (licensed to practice medicine in all of its branches) OR an athletic trainer. Documentation must be provided with a concussion diagnosis to the school nurse or athletic trainer. An emergency room/acute care note is only temporary until seen by the student's primary care physician or athletic trainer within one week.

For the student athlete: It is important upon return to school the student report to the athletic trainer and school nurse daily to monitor symptoms and determine progression to the next stage within the concussion care protocol.

For the non-athlete student: report only to the school nurse daily.

It is important to note that the recovery from a concussion is a very individualized process.

Concussion Protocol Progression: Full Return to Learn (RTL) and Athletic Activity (RTP)



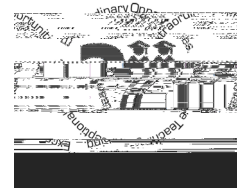
Timelines in the Return to Learn (RTL) and Return to Play (RTP) protocols are general guidelines. All individuals will respond differently to a head injury and the timelines will be adjusted accordingly by health care personnel.

Out-of-School

Characteristics:

- Severe symptoms at rest

Concussion Protocol Progression: Full Return to Learn (RTL) and Athletic Activity (RTP)



District 211 Return to Play Protocol *(required if student athlete)*

The IHSA Return to Play Protocol includes 5 phases of activity with increasing intensity. Each phase will take place a minimum of 24 hours following the previous step. If symptoms return during any phase, a 24-hour period of rest is required before repeating that phase.

This protocol will be performed under the supervision of the athletic trainer.

Exercise Strategy	Step Activity
Step 1: Symptom limited activity	Daily activities that do not exacerbate symptoms (begin 24-48 hours after injury)
Step 2: Aerobic activity (increase from light to moderate, increasing HR to approx. 70% max HR)	Stationary bike, walking at low to medium pace, light resistance training (does not result in mild and brief exacerbation* of concussion symptoms)
Step 3: Individual sport-specific exercise	