

Black Horse Pike Regional School District

Head Injury and Concussion *Return to Learn* (RTL) Protocol

We have created a *Return to Learn* program for any student who has suffered a head injury or concussion. *Here are the steps to follow if your child suffers this type of injury:*

If your child has been referred to a doctor due to sustaining a possible concussion, you must schedule a doctor's visit to determine the diagnosis. **The doctor needs to complete the attached "Physician's Letter" that must be returned to the athletic trainer (athlete), the school nurse (non-athlete) and a copy to your child's school counselor.**

Academics:

Upon receiving all necessary paperwork, your child's school counselor will communicate the student's situation and recommend academic accommodations to his/her teachers. It is essential that your child meets with his/her school counselor frequently (at least 1 x per week) to update him/her on your symptoms and progress. **Please make sure your child does not ignore the passes to see the counselor!**

In order to receive academic accommodations, you must submit the attached academic restrictions/accommodations page to your child's counselor indicating their necessity. No note, no accommodations!

Triton Counseling Office: Phone - 856-939-4500 ext. 2021/Fax: 856-939-4724

Highland Counseling Office: 856-227-4100 ext. 4036/Fax: 856-227-8422

Timber Creek Counseling Office: 856-232-9703/Fax: 856: 232-2919

Concussion Management Program: Return to Learn Phases*

Phase 1: No school, full cognitive rest (typically no more than 2-3 days)

Phase 2: Half-day attendance with accommodations

Phase 3: Full day attendance with accommodations

Phase 4: Full day attendance without accommodations

Phase 5: Full school and extra-curricular involvement (Must be cleared by doctor if student is participating in athletics, must also complete *Return to Play* protocols. Student must have completed all academic accommodations before beginning Stage 1 of the athletic return to play protocol).

*unless otherwise noted by the treating physician

Attention Athletes: Athletic Head Injury and Concussion *Return to Play* (RTP) Protocol

The goal of this protocol is to safely return the student-athlete to play following a head injury or concussion through the implementation of a comprehensive concussion management program. Head injuries and concussions are dangerous and life-threatening and it is imperative that they are handled appropriately. All suspected head injuries and concussions must be referred to the Certified Athletic Trainer or a physician that specializes in concussion management.

New Jersey state law currently states that any athlete suspected of sustaining a head injury or concussion must be removed from play. The athlete may not return until cleared by a licensed health care provider (MD or DO only) that is trained in the evaluation and management of head injuries and concussions.

The ER doctor cannot clear your child for sports participation. You will need to make an appointment with your child's regular physician for full clearance. The same physician who sees your child for the initial, non-emergency evaluation, must provide clearance, unless you are referred to a specialist physician, such as a neurologist. We strongly suggest seeing a concussion specialist. (see attached list for suggestions)

In addition, the student-athlete must complete the gradual *Return to Play* protocol to return to full competition. Any student-athlete entered into the concussion management program by a physician is expected to complete the *Return to Play* protocol IN ITS ENTIRETY. In the event of discrepancies, more communication with the physician may be required and parents may be asked to provide authorization for that communication. Student-athletes will be expected to return the "Physician's Letter" form located in this packet. **Student-athletes will not be cleared without this form signed and returned by your diagnosing physician or concussion specialist.**

Please Note:

- **Any student-athlete diagnosed with a concussion must complete the *Return to Play* progression outlined below.** The student-athlete will be monitored during this time period for any recurrence of concussion symptoms. Head injury and concussion RTP protocols cannot begin until the student-athlete is symptom-free for 48 hours.
- The student-athlete will be kept out of play until he/she is given clearance to return to activity by a physician trained in the treatment and management of concussions.
- All return-to-sports clearances must be consistent with the Black Horse Pike Regional School District's concussion policy. Any clearances that are inconsistent will not be accepted and the student-athlete will not be permitted to participate in any school sports. In addition, the matter may be referred to our school physician.
- Once a student-athlete's physician has provided written medical clearance, we follow a *Return to Play* protocol that is in accordance with the NJ guidelines for Prevention and Treatment of Sports-Related Concussion:

Return to Activity Progression:

Step 1: Completion of a full day of normal cognitive activities without the use of medications:

- Full day attendance in school without PE, participation in school work, interacting with peers

Step 2: Light aerobic activity:

- Stationary bike for 15-20 minutes

Step 3: Sport-specific exercises:

- Jogging for 15-20 minutes, running-only drills with team, body-weight-only exercises such as push-ups and sit-ups

Step 4: Non-contact practice activities:

- Sport-specific training, ball handling work, resistance training; no live play, no contact drills

Clearance:

- Before continuing to step 5, school health care personnel must provide final clearance

Step 5: Full contact practice activities:

- Full practice with breaks as needed, return to PE

Step 6: Normal game play

- Games, Competitions, or unrestricted practice

Each step is separated by 24 hours. If any symptoms occur, the athlete will drop back to the previous asymptomatic level and try to progress again after 24 hours of rest has passed.

If the student-athlete exhibits any re-emergence of any post-concussion signs or symptoms once they return to play, they will be removed from activity immediately and referred to his/her primary care physician or the school physician for re-evaluation.

Physician Letter to School

Patient/Student Name: _____ DOB: _____ Date of Injury: _____

INJURY STATUS	INJURY STATUS/Date of Diagnosis: _____
____ This student was evaluated by an MD/DO and is determined to NOT have a concussion and has medical clearance for unrestricted athletic participation.	____ This student was evaluated by an MD/DO, is diagnosed with a concussion, and is under our care. Medical follow-up evaluation is scheduled for: _____
ACADEMIC STATUS	ACADEMIC STATUS (mark all that apply)
____ This student is not/no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.	____ This student is not to return to school until _____. ____ This student is to return to school for a partial day, as tolerated. ____ This student may begin to return to school based on successful progression through the concussion RTL Protocol. Specific restrictions must be checked off on the back of this form.
PHYSICAL ACTIVITY STATUS	PHYSICAL ACTIVITY STATUS (mark all that apply)
____ This non-athlete student may return to unrestricted physical activity after a period of 7 days with no signs or symptoms of a concussion. ____ This non-athlete student has completed 7 days of rest with no signs or symptoms of a concussion and may return to unrestricted physical activity.	____ This student is not to participate in physical activity of any kind. (PE/Dance) ____ This student may begin a graduated return to sport-based activity based on the successful progression through the concussion RTP Protocol.

ACADEMIC SUPPORT CONTACT
_____ School Counselor
PHYSICAL ACTIVITY SUPPORT CONTACT
Athletic Trainer (athlete) Rachel Pantaleo (TRITON), Athena DeAngelis (HIGHLAND), Dominic Acchitelli (TIMBER CREEK) School Nurse (non-athlete) Christa Moore (TRITON), Jeanine Trommater (HIGHLAND), Monica Coslove (TIMBER CREEK)

Physician (MD/DO) Signature: _____ Exam Date: _____

Physician Stamp & Contact Information:

***If APN/Physical Therapist are treating the student, we still require the MD/DO to sign off. Please note: Clearance from a health care provider is not required to return to cognitive activity. The Concussion Team will monitor and adjust the academic restrictions as necessary as the student progresses.**

Academic Restrictions - Please allow for the following accommodations:

- Excuse from school until at least _____. The student may return earlier if they are having fewer/no (circle one) symptoms at home.
- Shortened school day when the student returns. Recommend ___ hours per day until _____. The student may extend his/her day as tolerated.
- Allow student to go to the nurse's office as needed and to go home if symptoms do not subside after _____ scheduled _____ minute breaks.
- Preferential seating in class to minimize distractions.
- Limit screen time to _____ hours per day.
- No written tests (classroom or standardized) or written quizzes. Oral assessments are permitted.
- Allow extra time to complete tests, quizzes and assignments.
- Chunking Material on tests or quizzes - allowing student to take over amount of time.
- Limit homework and in class assignments to essential material only.
- Provide pre-printed class notes and allow participation in class by listening with no note-taking.
- Allow student to avoid loud and crowded places (hallways, auditoriums, lunch, music class, etc.) as needed.
- Allow student to leave early to move from class to class in an empty hallway.
- Request a meeting for a 504 plan or with School Management Team to discuss the plan when it appears student may not be able to return to full academic responsibilities after 8 weeks.
- Exclude student from: Vocal Music, Choir, Band, ROTC (pt portion).
- Exclude from Woodshop class (Triton only).
- Return to full academic responsibilities.
- Other:**

A follow-up appointment is recommended in _____ weeks to update the status of the student's academic restrictions.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, the parent of _____, hereby give permission for the Black Horse Pike Regional School District personnel and the medical professional noted on this form to share information with each other related to my child's medical condition and his/her school attendance, academic performance, and participation in school activities, including athletics, if applicable.

Black Horse Pike Regional School District Personnel may include:

- Child's School Counselor
- Child's student assistance counselor or school nurse
- If my child participates in school sports, the athletic director and the athletic trainer

Medical statements being provided to school personnel should be sent to the school nurse:

Triton High School, Christa Moore, RN: cmoore@bhprsd.org Fax # 856-939-4724

Timber Creek High School, Monica Coslove, RN; mcoslove@bhprsd.org Fax # 856-741-1439

Highland High School, Jeanine Trommater, RN: jtrommater@bhprsd.org Fax # 856-842-1512

Name of Medical Professional: _____

Address: _____

Email address: _____

Phone Number: _____ Fax Number: _____

This authorization must be signed and dated for validity and may be revoked at anytime except to the extent that action has already occurred prior to the revocation. I release the disclosing party from any liability that may be incurred by giving this information to the above-named person or agency.

Signature of Parent/Guardian: _____ **Date:** _____

This release expires one year from the date of signing unless otherwise indicated.

Please return this form to the Counseling Office at the student's school.

CONCUSSION SPECIALISTS IN OUR AREA

Dr. Nathan Holmes*

Recon-Sports Orthopedics
614 Lambs Road
Pitman, NJ 08071
(856) 641-0770 - MVP Access Line

Dr. Daniel Evering, DO*

Recon-Sports Orthopedics
614 Lambs Road
Pitman, NJ 08071
(856) 641-0770 - MVP Access Line

Dr. Christina Masters

CHOP
3401 Civic Center Blvd.
Philadelphia, PA 19104
P - 215-590-1527

Dr. Trina Lisko

Virtua
556 Egg Harbor Road
Sewell, NJ 08080
P - 856-589-0650

Dr. Michael Wolf, MD

St. Chris Speciality Pediatrics at
Washington Township
100 Kings Way E.
Sewell, NJ 08080
(856) 582 - 0644

Dr. Robert Franks

Rothman Institute
327 Greentree Road
Sewell, NJ 08080
P - 800-321-9999
Also located at the Navy Yard, Phila., PA

Dr. Thomas Drake

Cooper Pediatric Neurology
Three Cooper Plaza
Suite 200
Camden, NJ 08103
P - 856-342-2226

Jennifer Liss, PT

TheraSport Physical Therapists
14 Parke Place Blvd. #D
Sewell, NJ 08080
P - 856-856-8393
F - 856-256-8390

*The district has a partnership with Reconstructive Orthopedics.
They will see our athletes within 24-48 hour.