

# **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 recommended 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: \_\_\_\_\_

<b>INJURY STATUS</b>	<b>INJURY STATUS/Date of Diagnosis: _____</b>
<p>___ This student was evaluated by an MD/DO and is determined to <b>NOT</b> have a concussion and has medical clearance for unrestricted athletic participation.</p>	<p>___ 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: _____</p>
<b>ACADEMIC STATUS</b>	<b>ACADEMIC STATUS (mark all that apply)</b>
<p>___ This student is not/no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.</p>	<p>___ This student is not to return to school until _____.</p> <p>___ This student is to return to school-partial day, as tolerated.</p> <p>___ 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.</p>
<b>PHYSICAL ACTIVITY STATUS</b>	<b>PHYSICAL ACTIVITY STATUS (mark all that apply)</b>
<p>___ This non-athlete student may return to unrestricted physical activity after of period of 7 days with no signs or symptoms of a concussion.</p> <p>___ 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.</p>	<p>___ This student is not to participate in physical activity of any kind. (PE/Dance)</p> <p>___ This student may begin a graduated return to sport-based activity based on the successful progression through the concussion RTP Protocol.</p>

<b>ACADEMIC SUPPORT CONTACT</b>
<p>_____ School Counselor</p>
<b>PHYSICAL ACTIVITY SUPPORT CONTACT</b>
<p><b>Athletic Trainer (athlete)</b> Rachel Pantaleo (TRITON), Athena DeAngelis (HIGHLAND), Domenic Acchitelli (TIMBER CREEK)</p> <p><b>School Nurse (non-athlete)</b> Christa Moore (TRITON), Jeanine Oxenberg (HIGHLAND), Monica Coslove (TIMBER CREEK)</p>

**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 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:**

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**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](mailto:cmoore@bhprsd.org) Fax # 856-939-4724

Timber Creek High School, Monica Coslove, RN; [mcoslove@bhprsd.org](mailto:mcoslove@bhprsd.org) Fax # 856-741-1439

Highland High School, Jeanine Oxenberg, RN: [joxenberg@bhprsd.org](mailto:joxenberg@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:** \_\_\_\_\_

<b>This release expires one year from date of signing unless otherwise indicated.</b>
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**Please return this form to the Counseling Office at the student's school.**

## CONCUSSION SPECIALISTS IN OUR AREA

### **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