Hawaii State Department of Education
Concussion Management Program and Study for School Year _____

The Hawaii State Department of Education (DOE) and the Athletic Health Care Trainers' (AHCT) program have instituted a Concussion Management Program (CMP) to ensure student athletes return to athletic participation safely. CMP has aligned the AHCT program with the National Athletic Trainers' Association Position Statement, 2004[1]; the Consensus Statement on Concussion in Sport, 2009[2]; and the National Federation of State High School Association (NFHS) Concussion Guidelines, 2009[3]. The National Athletic Trainers' Association Position Statement, Consensus Statement on Concussion in Sport, and the NFHS Association Concussion Guidelines were developed by physicians, neuropsychologists, and AHCTs trained in concussion management. The NFHS Association established a new rule in the fall of 2010, ***"any player who shows signs, symptoms or behaviors associated with a concussion must be removed from the game and shall not return to play until cleared by an appropriate health-care professional."***[4]

To comply with the NFHS Association rule change and national guidelines, the DOE and AHCT program have instituted the following guidelines for all student athletes participating in collision and contact sports. All ninth and eleventh grade student athletes participating in collision and contact sports along with tenth and twelfth grade student athletes participating in collision and contact sports for the first time will be administered baseline assessments (described below) which will provide the high school AHCT and the student athlete's primary care physician with objective information to compare pre-and-post injury.

- Graded Symptom Checklist baseline assessment
- Cognitive status baseline assessment (Immediate Post-Concussion Assessment and Cognitive Test (ImPACT) or Standard Assessment of Concussion (SAC))
- Postural Stability baseline assessment

A student athlete with a possible concussion, will receive two forms: (1) ***Graded Symptom Checklist for Concussed Athlete*** (GSC List) and (2) ***Medical Referral Form for Concussed Athlete***. The GSC List form provides your child's symptoms at the time of injury. It also includes signs and symptoms to watch for and recovery recommendations. The medical referral form provides information for your child's physician regarding his/her head injury and recommendations for return to activity. After a student athlete takes the cognitive status assessments, the AHCT will collaborate with the student athlete's physician and/or a neuropsychologist to determine if the student athlete is ready to start a **Return to Activity Plan** (see below). This team approach ensures the health and safety of each concussed student athlete.

Return to Activity Plan (RAP) or Return to Play (RTP):

Step 1 Complete cognitive rest. This may include staying home from school or limiting school hours and study for several days which would be determined by a physician or AHCT and supported by school administration. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2 Return to school full time.

Steps 3-7 Will be supervised by the high school AHCT. ***(Each step is separated by a minimum of at least 24 hours.)***

Step 3 Light exercise. This step cannot begin until student athlete is cleared by the treating physician for further activity. At this point, the student athlete may begin walking or riding a stationary bike.

Step 4 Running in the gym or on the field.

Step 5 Non-contact training drills in full equipment. Weight training can begin.

Step 6 Full contact practice or training.

Step 7 Play in game.

The AHCT program will continually monitor its CMP to ensure the health and safety of Hawaii's student athletes. To assist the AHCT program in its CMP monitoring, the DOE will be conducting a study to ensure CMP quality.

By signing below, you acknowledge receipt of information about the DOE's CMP and the signs and symptoms of a concussion.

_____ _____

(Parent/Guardian or Adult Student Signature) (Date)

_____ _____

(Student Athlete Signature) (Date)

Concussion Management Study

(Voluntary)

Participation in this school year's Concussion Management Study is strictly voluntary and your child will not be penalized if he/she elects not to participate. By agreeing to participate in this study, your student athlete's concussion data will be included in the study. Concussed student athlete's injury will be managed whether he/she participates or not in this study. Personal identification information will not be disclosed and will be destroyed at the end of the study.

I, _____ the parent/guardian of _____,

(Parent/Guardian) (Name of Student Athlete)

☐ **Agree** to allow my student athlete to participate in school year _____ Concussion Management Study.

☐ **Do not agree** to allow my student athlete to participate in school year _____ Concussion Management Study.

_____ _____

(Parent/Guardian or Adult Student Signature) (Date)

_____ _____

(Student Athlete Signature) (Date)

References:

1. National Athletic Trainers' Association Position Statement. *JAT 2004;39(3):280-297*
2. Consensus Statement on Concussion in Sport. *Clin J Sport Med 2009; 19:185-200*
3. National Federation of State High School Association Concussion Guidelines, 2009
4. National Federation of State High School Association. New Rule Release March 4, 2010