



Vernon Township High School Athletic Training Office
Office: 973-764-2995

Concussion Home Instructions

I suspect that _____ sustained a concussion on _____.

To make sure that he/she recovers, please follow the following important recommendations:

1. Please remind your child to report to the athletic training office tomorrow for a follow up evaluation and to obtain a plan of care.
2. Please review the VTSD Policy P2431.4: Prevention & Treatment of Sports-Related Concussions & Head Injuries available at vtsd.com/athletics
3. Please *review* the items outlined on the back of this paper. If any of these problems develop prior to his/her visit, please contact your family physician or take your child to the Emergency Department. Otherwise, you can follow the instructions outlined below:

It is OK to:

- Use ice pack on head and neck as needed for comfort
- Eat a light diet
- Go to sleep
- Rest (no strenuous activity or sports)
- Use *only acetaminophen (Tylenol) for headaches*, if necessary. No aspirin or nonsteroidal anti-inflammatories (Motrin/Advil)

There is NO need to:

- Check eyes with flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Eat spicy foods

Please feel free to contact me if you have any questions.

Sincerely:

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Joanne Ploch ATC
C - 201-394-4536
jploch@vtsd.com

Matt Bergh ATC
C - 973-479-4292
mbergh@vtsd.com



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Your child is exhibiting signs and symptoms consistent with a concussion (also known as a mild traumatic brain injury). Careful attention to these recommendations can help speed their recovery and can also prevent further injury.

Rest is the key! Your child should not participate in any high risk activities (e.g. sports, running etc.) if they still have any symptoms below. It is important to limit activities that require a lot of thinking or concentration (reading, prolonged TV viewing, video games and texting), as this can make their symptoms worse. If they no longer have any symptoms and believe that their concentration and thinking are back to normal, they can slowly and carefully return to their daily activities. *Any return to PE & sports must be cleared by a physician trained in the evaluation and management of concussions and supervised by the physician/athletic trainer.* All return to activity must be monitored to prevent any delay in recovery.

Today the following symptoms are present: (circle)

Physical		Thinking	Emotional	No reported symptoms Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

*****RED FLAGS:** Call your doctor or go to the emergency department if your child suddenly experiences any of the following:

Headaches that worsen	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Returning to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks, if possible, when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
4. Drink lots of fluids and eat a healthy diet.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, and then try again a few days later to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of symptoms by a doctor or athletic trainer is recommended to help guide recovery.

VTHS Gradual Return to Play Plan

The athlete may proceed to the subsequent step **ONLY if they are symptom free during the activity *and* 24 hours after each step has been completed and remain asymptomatic.** There will be **NO** return physical activity while symptoms are still present and/or sufficient time has past since symptoms have subsided.

1. Completion of a full day of normal cognitive activities without re-emergence of any signs or symptoms. If there is no return of symptoms, the student-athlete may advance to the next level.
2. Low intensity and short duration of physical activity while being monitored by a physician or athletic trainer. This may include walking, light stationary biking etc.
3. Higher levels of physical activity with slightly longer duration. This includes running, functional exercises, agilities etc.
4. Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary biking, non contact sports specific drills etc.
5. Full contact in controlled practice setting.
6. Return to play.