

# Falconer Central School

2 East Ave N. Falconer, NY 14733 716-665-6624 www.falconerschools.org

## CONCUSSION CHECKLIST

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

### On Site Evaluation

Description of Injury: \_\_\_\_\_

Has the athlete ever had a concussion?                      Yes              No

Was there a loss of consciousness?                      Yes              No              Unclear

Does he/she remember the injury?                      Yes              No              Unclear

Does he/she have confusion after the injury?                      Yes              No              Unclear

### Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringling in ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/ Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No

\* Please circle yes or no for each symptom listed above.

Other Findings/Comments: \_\_\_\_\_

Final Action Taken: \_\_\_\_\_ Parents Notified \_\_\_\_\_ Sent to Hospital \_\_\_\_\_  
Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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## Physician Evaluation

Date of First Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Date of Second Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

### Symptoms Observed:

	First Doctor Visit:		Second Doctor Visit:	
	Yes	No	Yes	No
Dizziness				
Headache				
Tinnitus				
Nausea				
Fatigue				
Drowsy/Sleepy				
Sensitivity to Light				
Sensitivity to Noise				
Anterograde Amnesia (after impact)				
Retrograde Amnesia (backwards in time from impact)				

\*Please indicate yes or no in your respective columns. First Doctor use column 1 and Second Doctor use column 2.

### First Doctor Visit:

**Did the athlete sustain a concussion (Yes or No) (one or the other must be circled)**

**\*\*Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

**Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: \_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Second Doctor Visit:

**\*\*\*Athlete must be completely symptom free in order to begin the return to play progression. If the athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

- Athlete is asymptomatic and is ready to begin to begin the return to play progression.
- Athlete is still symptomatic more than seven days after injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## Return to play Protocol following a concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

When an athlete shows **ANY** signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following the injury.
3. The athlete should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in

- (1) Low impact, non-strenuous, light aerobic activity.
- (2) Higher impact, higher exertion, moderate aerobic activity. No resistance training.
- (3) Sport specific non-contact activity. Low resistance weight training.
- (4) Sport specific activity, non-contact drills. Higher resistance weight training with spotter. Reevaluate cognitive testing prior to Day 5.
- (5) Full contact training drills and intense aerobic activity.
- (6) Return to full activities with clearance from medical director.

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.