

Information for Parents of ETSD Student-Athletes

From ETSD Athletic Training Department

- ETSD staffs 2 full-time licensed and certified athletic trainers (AT's) to provide healthcare services to all PIAA student-athletes. These services include, but are not limited to, injury prevention, evaluation/diagnosis, emergency injury management, treatment of injuries/conditions, rehabilitation programs, return-to-play decisions/protocols, concussion management, ImPact baseline/post-injury testing, communication with physicians, advising parents/athletes/coaches regarding nutrition/hydration/hygiene, and educating parents/athletes/coaches on injury prevention, concussion awareness, and maximizing performance.
- Your AT's are Audrey Dickman ABDickman@exeter.k12.pa.us 610-780-5940 and Kyle Moyer KJMoyer@exeter.k12.pa.us 610-780-4287
- Feel free to contact either of them at the email address or phone number above (call or text) with any questions/concerns about student-athlete health.
- ImPact baseline testing is optional and the decision of whether to obtain a baseline measure is left to each student-athlete's parents/guardians. This baseline (and any post-injury testing) is only useful to a **physician who is trained in its use** as part of a return-to-play protocol, and is therefore **only needed if a parent/guardian plans to take his/her child to one of these physicians**. ImPact testing is not a sole diagnostic indicator – concussions are diagnosed or ruled out based on a **comprehensive** clinical evaluation. Please fill out the attached ImPact permission slip, return to an AT, and await the email alerting you of baseline testing sessions. More information about concussion and ImPact is available on the ETSD website under "Athletics" by holding your cursor over it and selecting "Sports Medicine Info" from the drop-down box. Information regarding sports physicals, injury prevention, and other topics of interest are also located here – please feel free to browse and contact either AT to suggest additional info.

The Exeter Sports Medicine staff uses the following graduated return-to-play (RTP) protocol after a concussion resolves (even in cases of advance clearance dates on doctor notes) :

- Day 1: Full Day of normal cognitive activities and walking at school without return of signs or symptoms. Introduce light aerobic exercise – 10-15 minutes on stationary bike, no weight lifting, resistance training, or any other exercises.
- Day 2: Moderate aerobic exercise – 30-45 minutes of conditioning running, calisthenics, and sport-specific running patterns/grid exercises.
- Day 3: Non-contact training drills – full uniform, no live play, may begin weight lifting, resistance training, and other exercises that do not involve contact to body or head.
- Day 4: Full contact practice and normal training activities.
- Day 5: Clearance to participate in full competition/physical education classes.
- The athlete will be evaluated and will retake the ImPact test if their MD/DO requests it and is trained in its interpretation. Once an athlete has completed the entire protocol successfully,

they will be released to participate in sports competition and all Exeter physical education classes. **If concussion symptoms recur during the graduated return-to-play protocol, the student athlete will return, at a minimum, to the previous level of activity that caused no symptoms.**

- All ATs work under the supervision of a physician, and are required to have orders from that physician that guide their daily operations. Our supervising/team physician is Paul Marr, MD of Commonwealth Orthopedic Associates – he is committed to providing top-notch healthcare to all ETSD athletes and goes out of his way to accommodate special circumstances. One of his many extensions, aside from being on the sideline of every home varsity football game, is to stop in and visit the athletic training room Monday afternoons when needed by the ATs. Commonwealth also operates a fall-season Saturday morning clinic to address any Friday night injuries that may not be apparent until the following morning – no appointments are needed to attend this, but it is necessary to be at the Exeter office promptly at 9:00 am.
- ETSD requires that any athlete who is seen by a physician for an injury/condition (visit other than a routine well-child or dental exam) during their sport season provide a note from that physician that includes the following info prior to being permitted to resume play: date of exam, diagnosis, limitations on play/practice (if any), clearance, or clearance at ATs discretion. Any notes will be shared with the school nurse by the ATs to ensure continuity of care. Notes should be provided directly to the AT, or faxed “attention to Audrey” or “Kyle”. **Please request this note from your provider if it is not automatically offered at the conclusion of your visit, as this will limit any unnecessary athletic down-time incurred by your child.**
- State laws have been passed that affect how your child’s concussion must be handled. If the ATs have evaluated your child and believe him/her to have sustained a concussion, they will call you (from the information you provide on your child’s physical forms/emergency card) and fill you in on their findings and recommendations. The law mandates that any athlete with a concussion be seen by a physician, and thus a note guiding their care must be turned in to the ATs after the initial physician visit. The physician has the option to diagnose a concussion and direct that “upon cessation of symptoms the athlete may begin a 5 day return-to-play (RTP) program at the ATs supervision/direction”. **If a note clears an athlete the day of symptom cessation, a 5 day RTP program will begin that day, but the athlete will not be cleared for full competition until he/she completes the program.** The RTP program (see above) is available on our website, and is widely accepted as the best practice for adolescent athletes. Your child may require academic accommodations as well as physical limitations in order to heal quickly and fully, and we therefore recommend you have them seen by a doctor trained in concussion management in order to have these accommodations properly placed and noted for the district. Your athlete may also be instructed to stay home vs attending practices/games, in order to avoid prolonging symptoms.
- The ATs are here to ensure your child gets the best possible healthcare while participating in Exeter Athletics, **and their decisions are based solely on the wellbeing of each student-athlete.** It is in the athlete’s best interest to see the AT as soon as an injury occurs so that steps can be taken to limit the initial and secondary effects of injury, and treatment can be initiated to speed

the healing process, along with rehabilitation to further address any underlying reasons the injury occurred. **The ATs are not here to keep your child from playing arbitrarily!**

- If an AT is not available in the athletic training room please seek them out using the schedule listed on our white board by the door. The white board shows all games after school with times and location. **If we are not inside the room we are likely out covering another sporting event and it is necessary to bring your injured child to us for evaluation.**

- Your ATs firmly believe that only a solid commitment to rehabilitation can break the cycle of chronic issues (low back pain and shin splints are two common complaints) and are here to provide all athletes with ways to get through a condition and return to health, provided that the athlete is willing to make the necessary changes to their training, form, footwear, activities, etc. A partnership built on trust is the only way to accomplish this, and they look forward to helping your child return to full, pain free function after any issue that has affected them repeatedly. Please ask them how!
- Some other things from Athletics worth noting:
 - It is ETSD policy that any athlete who fails to participate in PE or strength class due to an injury may NOT participate in any athletic activity that same day. The same rule applies to any athlete who sees the nurse during the school day and is sent home as a result of the nurse's findings and recommendations. It is part of the ATs duties to communicate any limitations due to injury to the nurse and PE teachers to ensure that the same level of activity is undertaken in both PE and athletics later that day, and to protect that athlete's grade in PE class.
 - **Please park in a parking space in one of the lots to pick-up or drop-off your child for safety's sake – waiting in your car outside the stadium drive is dangerous to both students and employees and may delay bus departures or arrivals of teams.**
 - Athletic insurance is offered from ETSD, and reimburses 80% of any out-of-pocket expenses you may pay during the treatment of an injury your child sustains while participating in an Exeter sport. See an AT to file a claim.
 - **Please make sure your child has a lock to use on any locker provided in the team rooms – secure all items in this locker during practice to avoid any mishaps.**
 - If your child's team plays or practices in the later tier (6:00) please help them fuel their bodies by providing appropriate meals or snacks prior to their activity. Parent clubs have been successful in helping to increase the team's performance by providing bus-ride snacks to be eaten on the way to games, and recovery snacks for the ride home. Please email or see your AT for ideas!
 - **Hydration cannot be overemphasized. Water is the best drink for every athlete and should be consumed throughout the day, not just prior to or during participation.**
 - Holiday coverage is based on practice schedules provided to the ATs – if your child needs to be seen on an "irregular" day (early dismissal, a longer holiday break, etc) please email or text an AT to find out when to bring your child in for evaluation.

Date: 6/1/2016

To: Parent or Guardian of Exeter Township School District Student Athlete

From: Exeter Township School District Administration

Re: Sports Accident Insurance

The Exeter Township School District provides accident insurance coverage for a student athlete who is injured in the course of participating in PIAA activities for Exeter Township School District.

The sports accident insurance works as follows:

- The parents/guardians' insurance is used at time of service; co-pay is paid.
- Any remaining charges from the service are billed to the parent/guardian, which they pay.
- The parent/guardian comes to the Athletic Training room to fill out a claim form with Audrey Dickman, our Head Athletic Trainer (signature needed). The claim process is reviewed with parent/guardian.
- The Districts' sports accident insurance plan will pay the remainder of what the parent's plan does not pay at 80% (not 100%) of Usual, Reasonable & Customary Charges (URC).

To discuss a claim with the AG Administrator, please call Rhonda Mayer at Tompkins Insurance--- 610-603-7477.



The Best Approach To Concussion Management

Dear Parent/Guardian,

Exeter Township School District is utilizing an innovative program for our student-athletes: ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). It is a non-invasive computerized exam that the athlete ideally takes prior to his/her season; it takes about 35-40 minutes to complete. Baseline neurocognitive information such as memory, reaction time, brain processing speed, and concentration ability are measured.

ImPACT was founded by the University of Pittsburgh Medical Center and **helps trained medical professionals to determine when an athlete should resume athletic participation after suffering a concussion.** The intent of this program is to reduce the risk of further injury to your son or daughter after suffering a concussion. It provides objective data that can help quantify the extent of healing the brain has reached. This may reduce the likelihood of Second Impact Syndrome, which can lead to serious or permanent head injury or even death. This program is used by countless high schools, colleges, and professional teams across the country. More information about the test may be found at www.impacttest.com.

If, in the future, your son or daughter suffers a concussion or head injury he/she will be assessed and monitored by Audrey Dickman or Kyle Moyer, Exeter's licensed athletic trainers. You will be notified and recommendations for care and referral will be made at this time. The school's nursing staff will be made aware of the concussion so that any doctor-recommended adjustments to the student athlete's academic workload can be made in conjunction with the guidance department. Post-injury testing will be repeated based on the treating physician's recommendations. **A written physician's release will be required for any athlete who is suspected of sustaining a concussion or head injury.**

Please sign, detach, and return the bottom portion of this form indicating permission for your son or daughter to participate in baseline and post-injury ImPACT testing. **Please note that an Impact baseline is only useful to a doctor who has been trained in its use!** Search the above website for local doctors who have been trained. If you have any questions regarding this program or need to make alternative testing arrangements, please contact Audrey Dickman (abdickman@exeter.k12.pa.us or 610-780-5940).

PERMISSION SLIP

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program .

Name of Athlete (print) _____ Sport _____ Grade _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____

Email to receive notice of dates/times of baseline sessions:

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____



Exeter Township School District

200 Elm Street Reading, Pennsylvania 19606

Senior High Health Room 610-779-3060 x 2112 (Fax 610-370-0518)

CONCUSSION RESTRICTIONS

Patient Name _____ Date _____

This student is unable to participate in any academic endeavors at this time. The student will be closely monitored to determine the point at which he/she can begin academics.

This student is able to participate in a reduced school day, only ___ hours/day as tolerated.
Preference for attendance:

Alternating every other day schedule to include early and late classes

Will return to school on ___/___/___ with the following restrictions/accommodations:

___ Reduced workload to include only essential learning tasks

___ No major projects ___ No tests ___ No quizzes

___ Homework limited to ___ minutes/day

___ No homework

___ Preprinted class notes as available

___ Untimed tests and quizzes

___ No band/orchestra/chorus//music lessons

___ Limit computer /screen/smart board time

___ Elevator Pass ___ Allow extra time between classes to avoid crowded halls

___ No Physical Education or Sports

___ Please allow the student easy access to the School Nurse

___ Acetaminophen _____ mg may be given for headache every 4-6 hours PRN.

May return to full academic load without restrictions

Major exams/tests, and pertinent projects should be made up gradually over a 2 week period once fully cleared for academics.

May return to Physical Education and Sports without restrictions as tolerated.

May return to Physical Education and Sports with the following restrictions as tolerated :

FOLLOW UP APPOINTMENT IS ON _____

These restrictions should be followed until follow-up appointment noted above, or for 2 week maximum if no follow-up appointment is noted.

Physician's Signature _____