

**Crested Butte Community School and Crested Butte Parks and Recreation  
Head Trauma (HT) / Concussion Protocol and Report**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of HT: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

This report is designed to assist you in following the CBCS and CBP&R Head Trauma Return to Play Protocol and is required for re-entry to participate in sports after head trauma. The elements of this protocol may include Baseline ImPact Testing, Retest Post Injury and Practitioner Assessment and Release.

For a sports related concussion, per CHSAA (Colorado High School Activities Association) Bylaw #1790-21: "If at any time during participation, a student-athlete is removed from participation due to head trauma, the student-athlete must obtain a written release from a licensed practitioner before participating again. A school or school district may impose stricter standards." The Jake Snakenberg Youth Sports Concussion Act required the same protocol for non-school athletics in the state of Colorado. A licensed practitioner is defined as a Medical Doctor (MD or DO), Nurse Practitioner or Physician Assistant.

Physical Symptoms						Cognitive Symptoms									
Assessment Date	Initial	Post #1	Post #2	Assessment Date	Initial	Post #1	Post #2	Assessment Date	Initial	Post #1	Post #2				
Check if Present	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	Check if Present	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date
Headache/Pressure					Feel in a "fog"										
Blurred Vision					Feel "slowed down"										
Dizziness					Difficulty remembering										
Poor Balance					Difficulty concentrating/easily distracted										
Ringing in Ears					Slowed speech										
Seeing "stars"					Easily confused										
Vacant stare/Glassy eyed					<b>Sleep/Energy Symptoms</b>										
Nausea					Fatigue										
Vomiting					Excess sleep										
Numbness/tingling					Trouble falling asleep										
Sensitivity to light					Drowsiness										
Disorientation					Sleeping less than usual										
Neck Pain															
Emotional Symptoms															
Assessment Date	Initial	Post #1	Post #2	Assessment Date	Initial	Post #1	Post #2	Assessment Date	Initial	Post #1	Post #2				
Check if Present	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	Check if Present	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date
Inappropriate emotions					Irritability										
Personality change					Sadness										
Nervousness/Anxiety					Lack of Motivation										
Feeling more "emotional"					Other										

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical and nursing students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Other departments of the hospital also share information about you in order to coordinate the different services you need, such as medications, lab work and x-rays. We also disclose information about you to people outside the hospital who may be involved in your care after you leave the hospital, such as family members, or others who may provide services that are part of your care. We also provide your physician or subsequent healthcare providers with copies of various reports that assist in treating you once you're discharged from the hospital.

I approve reciprocal communication between CBCS, CBP&R and Crested Butte or Gunnison area Medical Practitioners.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Impact Post Test at Baseline  Yes  No Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Treatment Plan Date: \_\_\_\_\_

- Asymptomatic. Cleared to start a gradual/stepwise return to play protocol supervised by a certified athletic trainer. **Must be symptom free.**
- Cleared only if at ImPact Test Baseline.
- Symptomatic. Not Cleared.
  - Follow up recommended.
  - May start a gradual/stepwise return to play protocol supervised by a certified athletic trainer **once asymptomatic.**

Licensed Practitioner Signature: \_\_\_\_\_ MD/DO/NPIPA (circle one)

Licensed Practitioner is defined by CHSAA as Physician (MD or DO), Nurse Practitioner or Physician Assistant.

Printed Name: \_\_\_\_\_ Contact phone # \_\_\_\_\_

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**Crested Butte Community School and Crested Butte Parks and Recreation**  
**Head Trauma (HT) / Concussion Protocol and Report**  
**Information Sheet for Parents**

You have been diagnosed with a possible concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

**Rest is the key.**

There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phone (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

You should not participate in any high risk activities (e.g., sports I physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

**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 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.
  - a. Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
  - b. Thinking and concentration activities (e.g., homework, class work load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels.
5. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again 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 your symptoms is recommended to help guide recovery.

**Returning to Sports**

You must be cleared for play by a licensed practitioner prior to returning to sports!

1. **You should NEVER return to play if you still have ANY symptoms** - (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

## The following may be recommended by your health care provider:

1. Do not return to PE class at this time
2. Return to PE class
3. Do not return to sports practices/games at this time
4. **Gradual** return to sports practices under the supervision of an appropriate health care provider and/or athletic trainer.
  - a. Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
  - b. Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

### Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e., symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

If you have further questions, please feel free to communicate with the appropriate ImPACT program administrator:

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