

Athletic Training Letter

Bloomington Jefferson High School

To: All Jefferson coaches, parents, and athletes

From: Ashley Bethke, ATC, B.S. M.S., Head Athletic Trainer

Sports Information Letter:

Our sports seasons are underway, and it's time for the athletic staff to prepare for a successful season. As Head Athletic Trainer, it is important for me to communicate with all coaches, athletes, and parents in order to provide quality athletic training for Jefferson athletes. I hope this informational letter will contribute to providing athletes here at Jefferson with a positive athletic experience.

I. Sports Physical Therapy and Rehabilitation Services:

Welcome to the Institute for Athletic Medicine: The Institute for Athletic Medicine (IAM) is a service of Fairview Health Services and North Memorial Health Care. The Institute for Athletic Medicine offers complete state-of-the-art orthopedic and sports physical therapy and rehabilitation services for people of all ages.

IAM's experienced physical therapist and certified athletic trainers are committed to the comprehensive care of musculoskeletal injuries. The Institute for Athletic Medicine offers 28 convenient neighborhood clinics, with extended hours in the metro area to help meet the needs of our student athletes. IAM's program includes:

- Free injury screening and evaluations for injured recreational and competitive athletes.
- Specialized programs for runners, throwers, golfers, back injuries, and a special program designed "For Women Only".
- 24 hour Athletic Medicine Hotline, for questions about sports related injuries (952-920-8850).

(Please contact athletic trainer for details) As your certified athletic trainer, I will be utilizing the following IAM clinics to provide Jefferson athletes with a complete injury care and management program.

Edina Clinic
6363 France Ave. S #100
Edina, MN 55435

Eden Prairie Clinic
775 Prairie Center Dr.
Eden Prairie, MN 55344

Burnsville Clinic
501 Nicollet Blvd #100
Burnsville, MN 55337

*For an appointment, call the centralized appointment number, 612-672-7100. A wide range of health plans are accepted and self-referrals are welcome as well! Check with your insurance carrier about coverage.

II. Sports Medicine Team: Certified Athletic Trainer & Physicians:

The Institute for Athletic Medicine: Certified Athletic Trainer:
Ashley Bethke, ATC, B.S., M.S., Head Athletic Trainer

A graduate of the University of North Dakota, where she received her Bachelors of Science Degree in Athletic Training, and a graduate of the University of Colorado in Colorado Springs where she received her Masters of Science in Sports Medicine. Ashley is new to Jefferson as of September 2011, and will be providing athletic injury care and management services at Jefferson High School athletic training room during the fall, winter, and spring seasons.

The training room will be open during the fall and winter seasons from 2:30-5:30 and when home events are taking place. During the spring season the training room will only be open from 2:30-3:30, and when home events are taking place. The training room will be open on Saturday's for event coverage ONLY, not practices. These hours are contracted through the Institute for Athletic Medicine, and if you have any questions regarding these set hours and how they were established, please contact our Athletic Director Brian Fell.

NOTE: Coaches, the Athletic Trainer may not be present for the duration of daily practices. Please communicate with the ATC to plan accordingly.

III. Jefferson High School Physicians:

Dr. Frank Norberg, MD. Minnesota Orthopedic Sports Medicine Institute: 952-944-2519
Twin Cities Orthopedics
4010 W. 65th St.
Edina, MN 55435

Dr. Mark Alexander, MD. TRIA Orthopedic Center: 952-831-8742
TRIA Orthopedic Center
8100 Northland Dr.
Bloomington, MN 55431

Other notable Physicians:

Dr. David Anderson, Twin Cities Orthopedics

Dr. Brad Moser, Twin Cities Orthopedics

Physician Referrals and Return to Participation Guidelines:

- The Minnesota State High School League (MSHSL) requires that any athlete seen by a physician must have a written approval to return to practice/competition.
- The Athletic Trainer, as the primary injury management professional, following a physician's release, will determine if an athlete should return to activity based on a complete functional assessment of the athlete and the determination that the athlete is both physically and mentally ready to return.
- The concern for our athlete's health must be the primary factor when determining their status for continued athletic participation following an injury.
- All physician forms MUST be returned to the Athletic Trainer in order for the athlete to continue participating. If a physician's note is not returned to the Athletic Trainer, the athlete will be held out of participation until they receive the note. This means, any athlete participating without giving the Athletic Trainer the physicians note could be putting themselves and their team in jeopardy.

Attention Coaches:

In order to provide the highest quality of injury care to Jefferson athletes, I ask that all coaches communicate with the Certified Athletic Trainer concerning all injured athletes. Proper injury recognition, evaluation, and treatment are necessary to ensure that our athletes receive the most comprehensive athletic injury care.

Contact Information:

- Ashley Bethke- Certified Athletic Trainer Office Phone: 952-806-7772 Email: abethke2@fairview.org
- Institute for Athletic Medicine Appointments: 612-672-7100 Website: Fairview.org/fsoc
- Athletic Medicine Hotline Phone: 952-920-8850 Website: www.athleticmedicine.org

Concussions

What is a concussion?

In medical terms, a concussion is a mild traumatic brain injury (TBI). It occurs from either a direct blow to the head or elsewhere on the body that results in an impulsive force transmitted to the head (indirect blow). A TBI can cause a disturbance in brain function and information processing. Brain functions that control one's coordination, learning, memory, and emotions are most commonly affected by a concussion injury.

Signs and Symptoms

A concussion can present with a wide array of symptoms that may or may not include:

- Altered mental status including confusion, inappropriate emotions, agitation or abrupt change in personality
- Blurred vision/double vision/seeing stars or black spots
- Dizziness, poor balance or unsteadiness
- Excessive or persistent headache
- Excessive fatigue/feel slowed down

- Feel “in a fog”
- Loss of consciousness
- Amnesia/memory problems
- Loss of orientation
- Vomiting
- Poor balance/coordination
- Ringing in ears
- Excessive sensitivity to light or loud noise
- Vacant stare/glassy eyed

Concussion - So What?

It is true that most concussions heal without issues or complications if handled properly. However, like any other injury, a brain injury should be given time to heal. Time to heal includes both physical and mental rest (free from mental straining and visual stimuli like video gaming and texting).

One of the most severe complications of brain trauma is intracranial bleeding or the development of a hematoma. The skull has no ability to expand to allow for brain swelling. If bleeding or swelling of the brain occurs, pressure in the skull rises and can cause brain injury. Hematomas develop immediately after an injury or hours later, so monitoring symptoms is critical. Bleeding from a brain injury can be life threatening.

Why do a baseline computer test (ImPACT)?

Neurocognitive tests, such as ImPACT, are helpful in providing objective information about how the brain is responding to injury. ImPACT has two components: a pre and post concussion test. The pre-test is very valuable as the scoring represents one’s baseline (normal) brain function. The ImPACT test is then repeated post concussion. Results of the pre and post concussion tests are compared and care plans are then developed. If a pre-test was not completed prior to a concussion, an ImPACT post concussion test is still a reliable tool in the assessment of brain function. In addition, it is recommended that the ImPACT test be completed on an annual basis due to natural maturing of the brain which can lead to scoring changes over time.

What can I expect from Fairview’s Concussion Program?

Athletic trainers & Fairview Sports and Orthopedic Care Physicians

- Will facilitate completion of baseline tests
- Will manage concussion symptoms and make recommendations for return to previous activity level
- Will facilitate post-concussion testing
- Will refer to other healthcare providers as needed, including neuropsychologists, neurologists and therapists who specialize in concussion management

When am I safe to return to activity?

A concussion patient should be free of symptoms and have returned to their normal sleeping and eating patterns as well as typical concentration levels at school and work before resuming high levels of activity. Once normal activities have resumed and there are no symptoms at rest, he/she is ready to try more demanding activities that increase his/her heart rate. Over time, activities

will be increased as long as symptoms do not return. Progressive or graded return to participation allows the opportunity to assess brain healing and is the current recommended standard of care for concussion management.

Under no circumstances should anyone return to activity while experiencing concussion signs or symptoms. There should be no return to activity on the same day concussion symptoms are noted or a formal diagnosis of a concussion is made.

For More Information –

Fairview Sports and Orthopedic Care’s concussion hotline: 952-460-4440 Appointment Scheduling for Fairview Sports and Orthopedic Care: 612-672-7100

Cost of Computer Testing (ImPACT)-

Pretesting - \$5

Post concussion testing –

Option 1: \$20: includes all post testing, excludes physician interpretation

Option 2: FSOC physician visit: includes all post testing and interpretation

Minnesota State High School League

IMPLEMENTATION OF NFHS PLAYING RULES RELATED TO CONCUSSION AND CONCUSSED ATHLETES

In its various sports playing rules, the National Federation of State High School Associations (NFHS) has implemented a standard rule in all sports dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly different in each rule book) states that:

“Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

The MSHSL Sports Medicine Advisory Committee highly recommends that every student-athlete and parent should successfully complete the Heads Up: Concussion in high School Sports course. The course can be accessed at: www.cdc.gov/concussion.

The role of contest officials in administering the rule

Officials are to review and know the signs and symptoms of a concussion and immediately remove any athlete who displays the following signs or symptoms from the contest.

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea

- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes – irritable, anxious or tearful

Only an Appropriate Health Care Professional can decide if an athlete has been concussed (has had a concussion).

An Appropriate Health Care Professional is empowered to make on site determination that an athlete has received concussion.

An Appropriate Health Care Professional (AHCP) is defined as a medical professional functioning within the levels of their medical education, medical training, and medical licensure. If the Appropriate Health Care Professional has determined that an athlete has been concussed, that decision is final and the athlete must be removed from all competition for the remainder of that day. If the event continues over multiple days, the designated event AHCP has ultimate authority regarding any return to play decision during the event.

Procedure to follow if an official has removed an athlete and the AHCP has determined the athlete does not have a concussion.

If it is confirmed by the school's designated AHCP that the athlete was removed from competition but did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play, and the athlete may reenter competition pursuant to the contest rules.

Procedure regarding an authorization to return to practice/competition in the sport.

Once a concussion has been diagnosed by an AHCP, only an AHCP can authorize a subsequent return to play.

- a) The clearance must be in writing;
 - b) The clearance may not be on the same date on which the athlete was removed from play;
- and
- c) The form must be kept on file in the school's athletic office.
 - d) A parent cannot authorize the return to play for his or her child, even if the parent is also an AHCP .

The school administration shall notify the coach regarding the concussed athlete's permission to return to play.

Fundamental reminder about this rule.

It has always been the ultimate responsibility of the coaching staff, in all sports, to ensure that players are allowed to compete in practice or contests only if they are physically capable of doing so.

WHEN IN DOUBT...SIT THEM OUT

MSHSL Tournament Series

In cases where an assigned MSHSL tournament physician is present, his or her decision regarding an athlete's ability to return to competition shall not be overruled by any other AHCP.

NFHS suggested Concussion Management Guidelines for Health Care Professionals if the athlete has been concussed on the day of competition.

1. No athlete should Return to Play (RTP) or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an AHCP that day.
3. Any athlete with a concussion should be medically cleared by an AHCP prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon the return of any signs or symptoms.

Acute injury When a player shows any symptoms or signs of a concussion, the following should be applied.

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

A player should never return to play while symptomatic. "When in doubt, sit them out!"

Return to play protocol

Return-to-play decisions are complex. An athlete may be cleared to return to competition only when the player is free of all signs and symptoms of a concussion at rest and during exercise. Once free of symptoms and signs of concussion, a stepwise symptom free exercise process is required before a player can return to competition. Each step requires a minimum of 24 hours. The player can proceed to the next level only if he/she continues to be free of any symptoms and or signs at the current level. If any symptoms or signs recur, the player should drop back to the previous level.

The return to play after a concussion follows a stepwise process:

1. No activity, complete rest until all symptoms have resolved. Once asymptomatic, proceed to level 2.
2. Light aerobic exercise such as walking or stationary cycling, no resistance training.
3. Sport specific exercise—for example, skating in hockey, running in soccer; progressive addition of resistance training at steps 3 or
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

The final return to competition decision is based on clinical judgment and the athlete may return only with written permission from a health care provider who is registered, licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment; is trained and experienced in evaluating and managing concussions; and is practicing within the person's medical training and scope of practice.

Neuropsychological testing or balance testing may help with the return to play decision and may be used after the player is symptom free, but the tests are not required for the symptom free player to return to play. For more information please refer to the references listed below and www.concussionsafety.com.

Signs Observed By Coaching Staff:

Appears dazed and stunned
Is confused about assignment or position
Forgets sports plays Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows behavior or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

Symptoms Reported By Athlete:

Headache or —pressure in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion Does not —feel right