

## Christian Academy of Louisville Sports Medicine

Dear Parent or Guardian,

\_\_\_\_\_ suffered a concussion today.

To make sure that he/she recovers in a safe manner as quickly as possible, please review the following important guidelines and read all the items that are included in this packet. These items include:

- A. The Christian Academy of Louisville Sport Medicine letter to physician. Please take this with you when you visit the doctor for clearance to return to play. Per KHSAA rules, a physician must clear an athlete that is suspected of having a concussion before he or she may return to play (practice, games, etc.) **Neurologist Dr. Tad Seifert, the director of the Norton Sports Health Concussion Program, and has graciously agreed to see all concussed athletes. To schedule an appointment with him please call his office at: 502-899-6782 and ask for Iris Stumbo.**
- B. The Christian Academy of Louisville Sports Medicine's return to play protocol. This is found on the back of this letter. Please review and understand that EVERY CAL athlete will complete this without exception.
- C. Concussion signs and symptoms checklist. Please share this with the physician so they know what the athlete was experiencing directly after injury and how that compares to their current state.

After suffering a concussion, the athlete should REST until seen by a doctor and given further instructions. They should avoid all activities that aggravate their symptoms, this may include using their phone, watching TV, reading, homework, etc. Also, it is recommended they remain home from school until seen by a doctor. I will notify their counselor that they have been diagnosed with a concussion.

Please feel free to contact me with any further questions or concerns. Concussion management is a team approach and we must work together to ensure the athlete can return to play in the safest way possible. I thank you for your cooperation in this.

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There should be a 24-48-hour rest period after injury, before beginning this return to sport protocol. All athletes **MUST** be cleared by a doctor to begin the protocol. **Every CAL athlete will complete this protocol in its entirety before returning to sport full time. There are no exceptions to this rule.** Only one stage may be cleared each day. To advance through the stages, the athlete must remain symptom free.

Stage	Aim	Activity
1	Light aerobic activity	*Walking or stationary cycling at a slow to medium pace. *No resistance training.
2	Sport-specific activity	*Cutting, running drills *No possibility of head impact
3	Non-contact drills	*Harder training drills *Resistance Training
4	Full contact practice	*Must be cleared by doctor specifically for a full practice *Will complete a full practice with NO restrictions
5	Full return to sport	*Allowed to return to games without restriction

Ideally, each stage will be completed under the guidance and supervision of a CAL athletic trainer. When/if there are circumstances that prevent this from happening, the specifics will be discussed and agreed to by the athletic trainer, coaches, parents and student-athlete.

This return to sport protocol is based on the latest recommendations from the International Conference on Concussion in Sport, held in Berlin in October 2016.

## CHRISTIAN ACADEMY OF LOUISVILLE SPORTS MEDICINE

Dear Physician,

\_\_\_\_\_ is an athlete at Christian Academy of Louisville.

They sustained a head injury on \_\_\_\_\_ during \_\_\_\_\_.

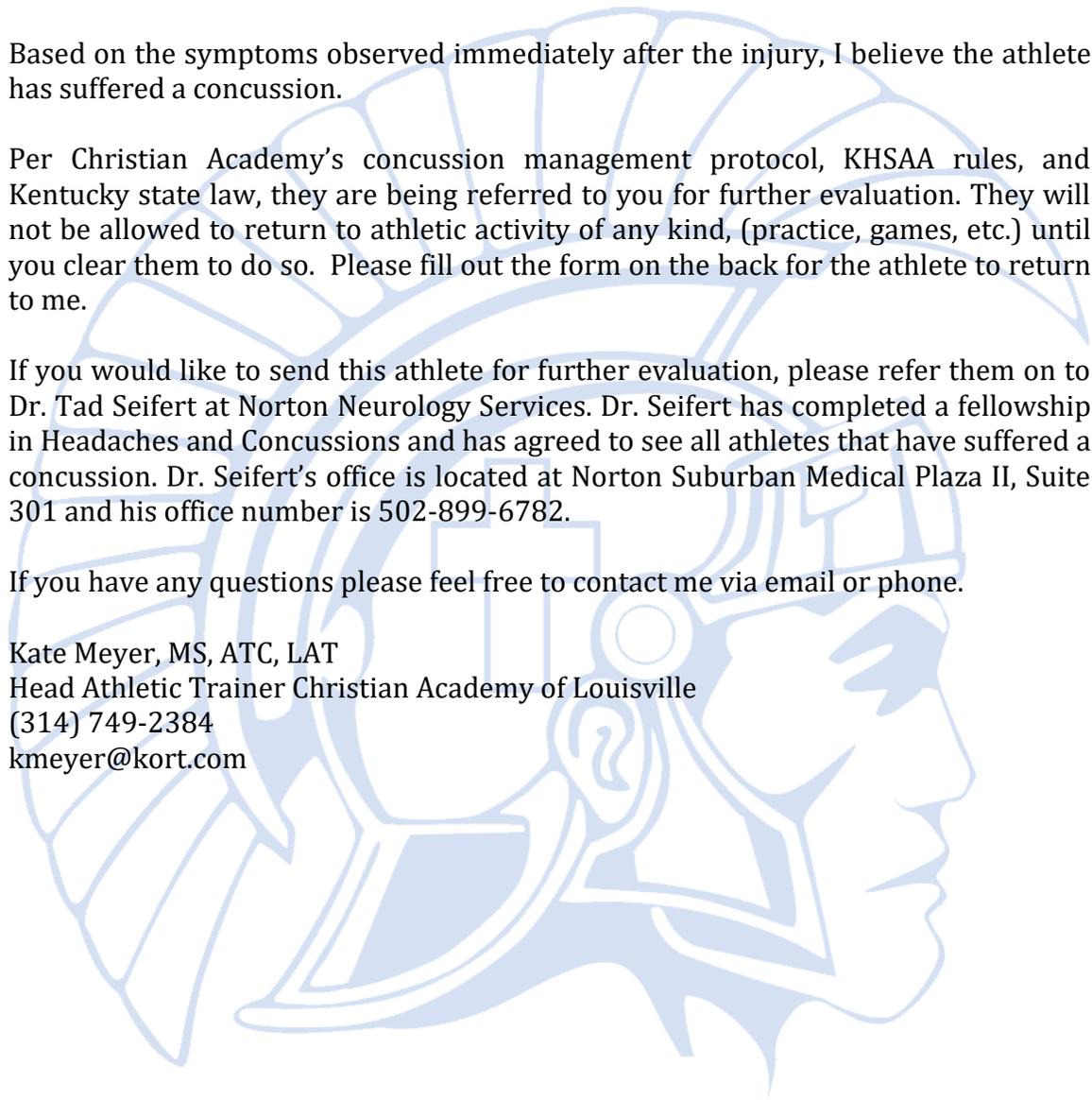
Based on the symptoms observed immediately after the injury, I believe the athlete has suffered a concussion.

Per Christian Academy's concussion management protocol, KHSAA rules, and Kentucky state law, they are being referred to you for further evaluation. They will not be allowed to return to athletic activity of any kind, (practice, games, etc.) until you clear them to do so. Please fill out the form on the back for the athlete to return to me.

If you would like to send this athlete for further evaluation, please refer them on to Dr. Tad Seifert at Norton Neurology Services. Dr. Seifert has completed a fellowship in Headaches and Concussions and has agreed to see all athletes that have suffered a concussion. Dr. Seifert's office is located at Norton Suburban Medical Plaza II, Suite 301 and his office number is 502-899-6782.

If you have any questions please feel free to contact me via email or phone.

Kate Meyer, MS, ATC, LAT  
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**CHRISTIAN ACADEMY OF LOUISVILLE SPORTS MEDICINE  
CONCUSSION DISPOSITION FORM**

**ATHLETE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_ I do **NOT** believe that this athlete has suffered a concussion and they may return to play immediately.

\_\_\_\_\_ Athlete may begin the return to sport protocol on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Athlete should remain out of all activity until re-evaluation on \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ I am referring this athlete on to Dr. Tad Seifert for further evaluation.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature

Date

Physician Stamp/Printed Name

**CHRISTIAN ACADEMY OF LOUISVILLE SPORTS MEDICINE  
CONCUSSION SIGNS AND SYMPTOMS CHECKLIST**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Headache                   | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Feeling "pressure in head" | <input type="checkbox"/> Fatigue or low energy  |
| <input type="checkbox"/> Neck pain                  | <input type="checkbox"/> Confusion              |
| <input type="checkbox"/> Nausea and/or vomiting     | <input type="checkbox"/> Drowsiness             |
| <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> Trouble falling asleep |
| <input type="checkbox"/> Blurred vision             | <input type="checkbox"/> More emotional         |
| <input type="checkbox"/> Balance problems           | <input type="checkbox"/> Irritability           |
| <input type="checkbox"/> Sensitivity to light       | <input type="checkbox"/> Sadness                |
| <input type="checkbox"/> Sensitivity to noise       | <input type="checkbox"/> Nervous or anxious     |
| <input type="checkbox"/> Feeling "slowed down"      | <input type="checkbox"/> Anisocoria             |
| <input type="checkbox"/> Feeling like "in a fog"    | <input type="checkbox"/> Loss of consciousness  |
| <input type="checkbox"/> Difficulty concentrating   | <input type="checkbox"/> Ringing in ears        |

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immediate Action Taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Athletic Trainer Signature**

**Date**