



NFHS PLAYING RULE & KANSAS LAW RELATED TO SCHOOL SPORTS RELATED CONCUSSION MANAGEMENT

All school leaders should be familiar with the following NFHS playing rule and Kansas Statute related to sport concussions:

NFHS Playing Rule Applying to All Sports:

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.

Kansas Statute:

72-7119. School sports head injury prevention act. (a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) "School" means any public or accredited private high school, middle school or junior high school.

(2) "Health care provider" means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete's parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, a concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the health care provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.



KSHSAA SPORTS RELATED CONCUSSION MANAGEMENT GUIDELINES & RECOMMENDATIONS

A sports related concussion is a traumatic brain injury, caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise related activity. Symptoms and signs may present immediately or evolve over minutes to days. Sports related concussions commonly resolve within days but may be prolonged. **All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** If a student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

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| <ul style="list-style-type: none"> • Headaches/“Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness | <ul style="list-style-type: none"> • Change in sleep patterns • “Don’t feel right” • Unexplained nervousness, anxiety, irritability, sadness • Confusion • Concentration or memory problems (forgetting sport assignments) • Repeating the same question/comment |
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Signs observed by teammates, parents, and coaches include:

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| <ul style="list-style-type: none"> • Actual or suspected loss of consciousness • Seizure • Tonic posturing • Ataxia (clumsy voluntary movements) • Poor balance • Appears dazed • Vacant facial expression • Confusion | <ul style="list-style-type: none"> • Forgets sport plays/assignments • Is unsure of game, score, or opponent • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to injury • Can’t recall events after injury |
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RED FLAGS: Call an Ambulance

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| <ul style="list-style-type: none"> • Neck pain or tenderness • Seizure, ‘fits’, or convulsion • Loss of vision or double vision • Loss of consciousness • Increased confusion or deteriorating conscious state (becoming less responsive, drowsy) | <ul style="list-style-type: none"> • Weakness or numbness/tingling in more than one arm or leg • Repeated vomiting • Severe or increasing headache • Increasingly restless, agitated or combative • Visible deformity of the skull |
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KSHSAA SPORTS RELATED CONCUSSION MANAGEMENT GUIDELINES & RECOMMENDATIONS

Sideline Management:

If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student:

1. Shall be immediately removed from the contest or practice.
2. A referral to a **health care provider*** should be arranged (if not already onsite). The student may not again participate in practice or competition until a **health care provider*** has evaluated the student and provided a written clearance for the student to return to practice and competition.

***Health Care Provider:** The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).

3. The student should not be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior is observed.

If the student is evaluated at the time of injury by an experienced onsite healthcare professional and it is determined the signs or symptoms are not related to a concussion, consideration may be given for return to play the same day.

Concussion Recovery Management – Return to Sport & Return to Learn

Return to sport occurs in conjunction with return to learn and should take place under the guidance of a health care professional. No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom.

The first step in concussion recovery is relative rest for the first 24-48 hours. During this time students may participate in activities of daily living and may perform light physical activity, such as walking, provided symptoms are not more than mildly exacerbated* for only a brief (less than an hour) period of time. Reduced screen time is also recommended during the first day or two after injury. Students should be encouraged to return back to a normal routine as quickly as possible, tolerating a mild exacerbation* of symptoms with mental activity.

Sub-symptom threshold exercise should be implemented as part of the concussion treatment plan, and after the initial 24-48 hours, and under direction of a health care professional, patients can be encouraged to become gradually and progressively more active provided symptoms are not more than mildly exacerbated* for only a brief (less than an hour) period of time (see Table 1). Aerobic activities such as walking or stationary cycling are good options. Students should not be participating in any type of activity that has the risk of contact, collision, or fall. Aerobic physical activity intensity may be advanced based on the degree of symptom exacerbation during the prior bout of aerobic exercise. Physical activity should cease if symptom exacerbation is more than mild or longer than an hour, and can be resumed once symptoms return to their prior level.

Continuing physical activity with more than mild symptom exacerbation may prolong the student’s recovery time.

***Mild exacerbation of symptoms:** No more than a 2 point increase on a 10 point scale.



KSHSAA SPORTS RELATED CONCUSSION MANAGEMENT GUIDELINES & RECOMMENDATIONS

Return to Sport Requirements:

1. The student shall obtain a written release from a physician (MD or DO).
 - The written release should be obtained prior to the student entering Step 4 of the Return to Sport progression (see Table 1). Some physicians may require a follow-up release prior to full return to activity.
 - The KSHSAA provides a release form that may be used by schools and physicians but is not required. Physicians and schools have the option to use whatever format they choose to provide the written release.
2. The written release should not be issued on the same day the athlete was removed from play.
3. It is recommended that a student who has been removed from a practice or competition due to a concussion should complete a graduated return to sport protocol. Table 1 provides a recommended Return to Sport progression.

Table 1

RETURN TO SPORT PROGRESSION	
Step	Activity
1	Symptom-limited activity. Daily activity that does not exacerbate symptoms (e.g., walking)
2	Light aerobic exercise such as stationary cycling or walking at a slow to medium pace. May progress to a moderate intensity and add light resistance training provided there is no more than a mild exacerbation of symptoms.
3	Individual sport-specific exercise away from team environment. E.g., running, agility work, individual training drills. There should be no risk of head impact.
Physician release before progressing beyond this stage.	
4	Non-contact training drills, progressing to high intensity drill work. Can begin integrating to team environment/non-contact practice.
5	Full contact practice; normal training activities.
6	Return to competition

- Typically, one step occurs per day.
- **Step 1:** Initial 24-48 hours post-injury.
- **Steps 1-3:** If students report anything more than a brief, mild exacerbation of symptoms, they should stop and attempt to exercise the next day at the same step.
- **Steps 4-6:** This phase should only begin after a physician (MD or DO) has provided a written release and after the resolution of any symptoms, including with and after physical exertion. The student should also be fully returned to school. If symptoms re-emerge during this phase, the student should return to step 3 and establish full resolution of symptoms before progressing back into this phase.
- This is a suggested Return to Sport progression. The physician or school health care professional rendering care to the student may choose to establish a different graduated protocol.



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Return to Learn:

Students may need adjustments to their academic workload for a short period of time while recovering from a concussion. Trying to meet all academic requirements too soon after sustaining a concussion may more than mildly exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel.

To minimize academic and social disruptions, in most cases it is recommended students not be completely isolated, even for a short period of time. Rather students should continue to participate in activities of daily living that do not more than mildly exacerbate concussion symptoms. Many students recovering from a concussion will not need academic modifications. But for students struggling with activities of daily living or cognitive functions during the first day or two of recovery, the following examples of adjustments may need to be considered as the student returns to school:

- Environmental adjustments: Modified attendance, frequent academic rest breaks, limited screen time.
- Physical adjustments: Avoid any activities with a risk of contact. Avoid classes with loud noises such as band or shop. Sunglasses and/or earplugs may be helpful in certain settings.
- Curriculum adjustments: Allowing extra time to complete assignments, providing pre-printed class notes.
- Testing adjustments: Delaying tests/quizzes or providing additional time to complete.

If needed, a gradual return to a normal academic workload should be implemented provided the student experiences no more than a mild exacerbation of symptoms through the process (see Table 2 below).

Click [HERE](#) for detailed Return to Learn information.

Table 2

RETURN TO LEARN PROGRESSION (If Needed)	
Step	Activity
1	Daily activities that do not result in more than a mild exacerbation of symptoms. E.g., reading while minimizing screen time. Start with 5-15 minutes at a time and increase as tolerated.
2	School activities such as homework, reading, or other cognitive activities outside the classroom.
3	Return to school part-time with a gradual introduction of schoolwork. May need to start with a partial day or take several breaks throughout the day.
4	Return to school full-time with a gradual progression in school activities until a full day can be tolerated.

- Step 1: Initial 24-48 hours post-injury. After this step, students can begin a gradual and incremental increase in their cognitive load. Progression should be slowed if there is more than a mild and brief symptom exacerbation.

NOTE: Parents and students ARE REQUIRED to complete a Concussion & Head Injury Information Release Form and turn it in to their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition. A sample form schools may use can be found [HERE](#).



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REFERENCES:

National Federation of State High School Associations. Suggested guidelines for management of concussion in sports. October 2023.

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