If you suspect that your son has suffered head trauma he could have a concussion. Please take a minute to review the information in this packet. Rockhurst takes the health and wellness of all its community members very seriously. There is a lot of media speculation and information about head trauma, and the science is ever changing. What we do know is that after a trauma incident, the brain needs to rest.

The key intervention for the concussed student is to place him at mental and physical (brain and body) rest. This rest period prohibits any mental or physical activity that loads the brain or body with increased energy demands while the brain is using energy nutrients to heal. A mismatch in energy supply and demand may result in persistent or worsening symptoms/signs or may result in short- or long-term complications.

As soon as possible, we recommend you take your son to one of the providers in the attached packet or meet with our athletic trainer so he can do an evaluation and give you a recommendation.

Your son should have taken an ImPACT Baseline test as both a freshman and a junior. The ImPACT tests are used as diagnostic tools before a concussed incident and at the end of the rehab process to show whether or not the brain has healed. Between those steps there is rest and rehab, which is overseen by both the attending physician and Rockhurst athletic trainer.

The clearance form (attached) is very important for many components at Rockhurst (Dean’s office, Counseling, Academics, Athletics…) and thus must be completed thoroughly. As the student progresses through the protocol, the form is to be updated by the attending physician.

If your son must miss school to rest, please make sure to let the Dean’s office know that this absence is due to a concussion. As soon as you have met with a physician and they have started the clearance form, please bring a copy in to Michael Dierks upon your son’s return to school. This form is what begins any academic accommodations, and, without it, our counselors and teachers cannot be helpful in the recovery.

As the recovery progresses, the form will be updated until we get to the stage where the student is returned to normal activity (hopefully). However, it is important to note, that there is NO TIMELINE as each individual responds differently to head trauma and diagnosed concussions.

The following information is included in this packet:
- Clearance form (this form includes the step-by-step protocol and the academic accommodations)
- List of trained medical physicians in head trauma events
- Contact information of those involved in the concussion protocol at Rockhurst
Rockhurst’s Concussion Management Care Providers

Rockhurst High School will allow for return to play and academic accommodations if the student is under the care of the following medical professionals: MD/DO/Neuropsychologists. These professionals must have expertise in dealing with head trauma and the with reading ImPACT testing results.

We can also direct you to a medical professional (MD), Dr. Joseph Waeckerle, whom has worked extensively with our student-athletes and trainer and coaching staffs. Please contact our trainer, Mr. Paul McGannon for his contact info.

For the most up-to-date list, please visit the Impact website (www.impacttest.com) if you are in search of a care provider with that experience.

We reserve the right to refuse clearance if the medical professional does NOT meet the necessary experience in the field.

Care is not covered by Rockhurst High School and families are responsible for medical expenses, excluding the return to play protocol done with our trainer and coaching staff. Please communicate this with the attending medical professional.

All student-athletes will take the ImPACT test their freshman and junior years. This is their baseline test. They will then be required to take the test again and submit those results to the physician overseeing care for final clearance.

Here is the list as of October 2015 from a 50 mile radius.

Cradle Thru College Care
2.1 miles
Richard Charette, MD
1004 Carondelet Suite 310
Kansas City, MO 64114
United States
PHONE: (816) 942-5437
Get Directions

Kansas City Family Medical Care PASSPORT
2.1 miles
1004 Carondelet
Kansas City, MO 64114
United States
PHONE: (816) 941-9030
Get Directions

Leawood Family Care, P.a
4.1 miles
John Horton, MD,
11301 Ash Street
Leawood, KS 66211
United States
PHONE: (913)338-4515
Get Directions

Midwest Sports Medicine Physicians CIC PASSPORT
4.8 miles
David Dyck, Jr, DO, FAOASM, CIC
Lori A Boyajian-O’Neill, DO, FACOFP, FAOAS, CIC
5701 W 119th St, Ste 325
Overland Park, KS 66209
United States
PHONE: (816) 795-8200
View Details | Get Directions

Shawnee Mission Medical Center CIC PASSPORT
5.5 miles
Greg Coup, MD, CIC
9100 W 74th Street
Shawnee Mission, KS 66204
United States
PHONE: (913) 789-1940
View Details | Get Directions

University of Kansas Hospital Authority CIC PASSPORT
6.5 miles
Michael Rippee, MD, CIC
Michael Moncure, M.D.
Steven Lauer, M.D.
Randy Goldstein, D.O.
David Smith, M.D.
Allison Lowderman, DNP

University of Kansas Hospital Authority
Kansas City, KS 66160
United States
PHONE: (913) 945-8006
View Details | Get Directions

Children’s Mercy Blue Valley CIC
6.7 miles
Greg Canty, MD, CIC
Margaret Gibson, MD, CIC
James Roberson, MD
Natalie Stork, MD
6750 W. 135th Street
Overland Park, KS 66223
United States
PHONE: (816) 701-HURT(4878)
View Details | Get Directions
Overland Park Regional Medical Center CIC
7.3 miles
Lori Boyajian-Oneill, MD, CIC
David Dyck, DO, CIC
Don Fishman, MD
10500 Quivira Rd
Overland Park, KS 66215
United States
PHONE: (913) 541-3365
View Details | Get Directions

Children's Mercy Hospital CIC PASSPORT
8.2 miles
Maria Korth, PhD, CIC
Greg Canty, MD, CIC
Margaret Gibson, MD
James Roberson, MD
Natalie Stork, MD
2401 Gillham Road
Kansas City, MO 64108
United States
PHONE: (816) 234-3970
View Details | Get Directions

Purehealth Clinics
8.7 miles
Dr. Bryan Burns MD
11400 W 135th ST
Overland Park, KS 66221
United States
PHONE: (913) 814-8800
Get Directions

Olathe Medical Services, Inc. PASSPORT
11 miles
James Wetzel, MD
16500 West Indian Creek
Olathe, KS 66062
United States
PHONE: (913) 393-5323
Get Directions

TMC Lakewood CIC
11.1 miles
Margaret Gibson, MD, CIC, Assistant Professor
Jon Schultz, MD
Assistant Professor
7900 Lee's Summit Rd
Kansas City, MO 64139
United States
PHONE: (816) 404-9025
View Details | Get Directions

Sports Medicine Plus
12.4 miles
Jennifer Daily, MD
2741 NE McBaine Suite B
Lee's Summit, MO 64064
United States
PHONE: (816) 994-1000
Get Directions

Midwest Sports Medicine Physicians CIC
14.3 miles
David Dyck, Jr, DO, FAOASM
Lori A Boyajian-O'Neill, DO, FACOFP, FAOASM
19550 E 39th St, Suite 230
Independence, MO 64057
United States
PHONE: (816) 795-8200
View Details | Get Directions

Drisko, Fee, and Parkins
14.4 miles
Leslie Michaud, MD
19550 E. 39th St. Suite 410
Independence, MO 64057
United States
PHONE: (816) 303 2400
Get Directions

Children's Mercy East
14.6 miles
Natalie Stork, MD
20300 East Valley View Parkway
Independence, MO 64057
United States
PHONE: (816) 701-HURT(4878)
Get Directions

Mosaic Life Care CIC
17.1 miles
Dustin Miller, DO, CIC
6420 N. Prospect Avenue
Gladstone, MO 64119
United States
PHONE: (816) 298-7916
View Details | Get Directions

Kansas PA, LLC
17.2 miles
27850 Silver Wraith Dr.
Olathe, KS 66061
United States
PHONE:
Get Directions

Children's Mercy North
19.3 miles
Natalie Stork, MD
501 NW Barry Road
Kansas City, MO 64155
United States
PHONE: (816) 701-HURT(4878)
Get Directions

Mosaic Life Care
20.3 miles
Alexander Schoofs, MD
8880 Northeast 82nd Terrace
Kansas City, MO 64158
United States
PHONE: (816) 437-8122
Get Directions

Liberty Hospital Sports Medicine PASSPORT
21.2 miles
Kyle Schneweis, MD
398 N Blue Jay Drive
Liberty, MO 64068
United States
PHONE: (816) 407-2315
Get Directions

Kansas City Active Sports Medicine PASSPORT
21.8 miles
Aaron Rowland MD
10015 N Ambassador Dr
Kansas City, MO 64153
United States
PHONE: (816) 448-8929
Get Directions

The Liberty Clinic CIC
23.5 miles
Kyle Schneweis, MD, CIC
2609 Glenn Hendren Drive
Liberty, MO 64068
United States
PHONE: (816) 781-7730
View Details | Get Directions

Cass Regional Medical Center
24.1 miles
Samuel Brewster, MD
2800 Rock Haven Road
Harrisonville, MO 64701
United States
PHONE: (816) 380-5888
Get Directions

Mosaic Life Care
27.9 miles
Alexander Schoofs, MD
2703 Running Horse Road Suite B
Platte City, MO 64079
United States
PHONE: (816) 858-7091
Get Directions

Lawrence Memorial Hospital CIC
35 miles
Daniel Dickerson, MD, CIC
325 Maine St.
325 Maine St. Lawrence, KS 66047
United States
PHONE: (785) 505-2712
View Details | Get Directions

Atchison Hospital Sports Medicine
48.7 miles
Pam Rizza, MD
820 Raven Hill Drive
Atchison, KS 66002
United States
PHONE: (913) 367-2131
Get Directions
Rockhurst High School’s Concussion Management Contacts

Michael Dierks
Director of Athletics
Role: Oversees the protocol documentation and handles the Baseline and Post-Injury ImPACT tests
Phone: 816-363-2036 ext. 567
Email: mdierks@rockhursths.edu

Paul McGannon
Rockhurst athletic trainer
Role: Initial medical professional to recommend if a concussion diagnosis should be sought after by the family. Provides the rehabilitation process on campus. Aids with the communication between physician and school.
Phone: 913-461-5797
Email: pmcgannon@rockhursths.edu

Chris Bosco
Assistant Principal for Student Life
Role: Coordinates with the other counselors and the student’s teachers when academic accommodations are necessary.
Phone: 816-363-2036 ext. 519
Email: cbosco@rockhursths.edu

Scott Duschen
Assistant Principal of Academic Affairs
Role: Determines if certain academic accommodations cannot be provided or no longer offered.
Phone: 816-363-2036 ext. 546
Email: sduschen@rockhursths.edu

Lisa Weis, RN
School Nurse
Role: Is a resource available for students who suspect that they might have head trauma, can go to during school hours
Phone: 816-363-2036 Ext. 569
Email: lweis@rockhursths.edu

Joe Waeckerle, MD
Approved medical professional option for families
Role: While Dr. Waeckerle is not employed by Rockhurst but he has worked with us both on the sidelines and in the training room for many years and has NFL medical experience in the field of concussions. The expense of his services are at the responsibility of the family.
Phone: 816-304-8600
Email: joe@acespc.com
Rockhurst High School’s Concussion Management Form & Clearance

Student-Athlete’s Name: ____________________________________________

Date of Birth: ______________ Date of Injury: ______________ Date of Evaluation: ______________

This form is adapted from the MSHSAA Return to Play form based on the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). Medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury.

Current Symptoms/Signs:

- Confusion
- Memory Loss
- Forgetful
- Not “feeling right”
- Headache
- Nausea/vomiting
- Balance/coordination diff
- Fatigue
- Vision Difficulties
- Sensitivity to light / noise
- Thinking difficulties
- Concentrating difficulties
- Memorizing difficulties
- Emotional
- Anxious/nervous
- Irritable
- Behavior difficulties
- Frustration

Initially, the concussed student-athlete may need to stay home from school in a controlled environment with no reading, no homework, no loud music or sounds (no head phones), no bright lights, no TV, no cell phone or other mobile device, and no computers.

Attendance and Activities Accommodations
(This form or a copy should be used for each step in the recovery)

Attendance
DATE: _______ No School Attendance
DATE: _______ Limited School Attendance with Academic Accommodations
DATE: _______ Full School Attendance with Academic Accommodations
DATE: _______ Full School Attendance with NO Academic Accommodations

Physical Education
DATE: _______ No Physical Education Classes
DATE: _______ May Participate in Physical Education Classes

Sports
DATE: _______ No Sport Practice or Competition at This Time
DATE: _______ May be advanced back to competition after phone conversation with attending physician*
DATE: _______ Must return to physician* for final clearance to return to competition
DATE: _______ Cleared for full participation in all activities and restrictions

Return to Class/Return to Play Details
There are no specific schedules for “mental rehabilitation” in the concussed student-athlete. The key intervention is to place him or her at brain and body rest to lessen energy demands. Activities to gradually reintroduce include reading for 15 minutes then to 30 minutes, playing a board game like checkers or chess, playing the memory game, and finally playing video games. These activities should not cause or worsen any symptoms/signs.

Step 1: No activity – complete cognitive rest.
Step 2: Medical evaluation for academic & athletic accommodations (by a MD/DO or Neuropsychologist with expertise in head trauma*)
Step 3: Return to school full-time
Step 4: Light aerobic exercise – Jogging protocol (done by trainer on site)
Step 5: Sports specific exercises (done by trainer on site)
Step 6: Non-contact drills (done by trainer on site or coaching staff)
Step 7: Re-take of the IMPACT test
Step 8: Follow-up with doctor to get cleared to fully participate and concussion form is signed by doctor
Step 9: Full contact practice (done by coaching staff) and asymptomatic
Academic Accommodations
(please check any accommodations required, if any**)

If academic accommodations are necessary, a completed copy of the form must be turned in by the family immediately for any possible accommodations to be met. It is not the responsibility of the doctor or trainer.

**Workload reductions**
___ Adjust schedule to focus on core classes.
___ Prioritize work for student with written instructions.
___ Reduce make-up work, class work, and homework by ____%.
___ Reduce computer work by ____%.
___ Reduce media-based work.
___ Reduce reading assignments.

___ Reduce visual learning (note taking, board reading) demands by providing class notes and audio-based assignments.
___ Permit a fellow student to provide tutorial help.
___ Extend assignments and projects.
___ Assign smaller, more manageable work load.
___ Avoid selecting student in classroom.

**Testing**
___ Reduce and postpone testing.
___ Modify testing techniques; offer oral testing, multiple choice, or open book testing.

___ Extend test times.
___ Test in controlled environment, quiet, separate room.

**Seating arrangements**
___ Provide classroom seating in a more controlled, less distracting environment

**Breaks/Hydration/Nutrition**
___ Provide rest breaks for 15-30 minutes when symptoms/signs occur.

___ Provide a quiet rest area.
___ Offer drinks and snacks as appropriate.

**Quiet environments**
___ Avoid noisy, busy, or chaotic areas such as band, assemblies/pep rallies, hallways between classes, and course work that is noisy.

Follow-up evaluation with revised academic accommodations on: ______________________

**Medical Office Information (Please Print/Stamp – all information is required):**
Evaluator’s Name: ______________________________ Office Phone: ______________________
Evaluator’s Signature: ______________________________

*Rockhurst requires a MD/DO/ Neuropsychologist for clearance and reserves the right of refusal if the physician is not properly trained in head trauma events and care.

** Rockhurst cannot guarantee that all accommodations can be met. The Assistant Principal of Academic Affairs will work with the counseling department and faculty to the best of the school’s ability.

This form is to be turned in to the athletic director, Mr. Michael Dierks