

**OHIOHEALTH AND HAMILTON LOCAL SCHOOLS PROUD PARTNERS**

**ATHLETIC TRAINING ROOM AND EVENT COVERGE**

SCHOOL DAYS – 1:30 pm-until the end of practices / events

WEEKENDS and HOLIDAYS – varies depending on practice / event schedule

**LOCAL OHIOHEALTH FACILITIES**

**OHIOHEALTH GROVE CITY METHODIST HOSPITAL**

1375 Stringtown Rd, Grove City 43123

**OHIOHEALTH GROVE CITY HEALTH CENTER (WITH URGENT CARE and imaging 1st floor)**

ALSO LOCATION OF OUR : Team Physician Dr Craig Fortman, DO

Primary Care and Sports Medicine Specialist

2030 Stringtown Rd suite 200 (2nd floor), Grove City 43123

Office – 614-544-0054

Hours – Mondays 8-4pm (lunch from 12-1) and Tuesdays through Fridays 7am-3pm (lunch from 11am-12pm)

**RETURN TO PLAY POLICY**

All athletes that are evaluated by their family physician, urgent care, ER/ED, etc. must provide a note from that treating health care professional indicating the type of injury and participation status. The note must be given to the Athletic Trainer before the athlete can resume participation (Can be given to Athletic Trainer either in person or electronically (picture via text as example)). Once cleared by a physician the athlete must complete an appropriate progression back to full activity

**HAMILTON LOCAL’S OHIOHEALTH SPORTS MEDICINE TEAM**

**ATHLETIC TRAINER :**

**Carly Hyer, AT (year 13)**

**Contact :** [**carly.hyer@ohiohealth.com**](mailto:carly.hyer@ohiohealth.com) **and** [**chyer@hlsd.org**](mailto:chyer@hlsd.org)

**614-491-8044 ext 1834**

**TEAM PHYSICIAIN :**

**Dr Craig Fortman, DO**

**Primary Care and Sports Medicine Specialist**

**Office : 614-544-0054**

**A person wearing a white coat and red tie

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**Concussions & Ohio Law**

Summary of Ohio HB 143

• A coach, referee or official of a youth sports organization/school must remove an athlete exhibiting signs, symptoms or behaviors consistent with having sustained a concussion or head injury from practice and/or competition.

‘• Athletes are prohibited from returning to play on the same day they are removed.

authorized by the school or youth sports organization. Once athlete is having no residual symptoms they will do a graduated return to play progression back to full participation / activity instructed and implemented by the School Athletic Trainer / Team Physician

Typical Gradual Return to Play Progression after being asymptomatic for a day

Day 1- aerobic activity

Day 2 – sports specific skills/drills

Day 3- modified/shortened practice

Day 4- full practice

Will be overseen by School AT and instructions can be given for alternatives depending on Teams Practice/Game Schedule

• A parent or legal guardian must sign a Ohio Department of Health concussion and head injury information sheet to be kept on file with the school for all athletes participating in an interscholastic activity.

• Coaches must hold a current Pupil Activity Permit from the Ohio Department of Education and successfully complete an online concussion training program every three years. Referees must also complete one of these

• Athletes cannot return to play unless they have been assessed and cleared by a physician or any other licensed health care provider working in collaboration with a physician that is Appears dazed or stunned (example – Athletic Trainer)

Signs of a concussion

* Appears confused
* Moves clumsily
* Answers questions slowly
* Loss of consciousness
* Shows behavior or personality change
* Cannot recall events before the concussion
* Cannot recall events after the concussion

Concussion symptoms

* Headache
* Nausea
* Balance problems
* Dizziness
* Double or fuzzy vision
* Sensitivity to light or noise
* Feeling sluggish
* Feeling foggy or groggy
* Concentration or memory problems