

501 Concussion Return To Play Form

This form is adopted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). All 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. **Please initial any recommendation that you select.**

Referring Athletic Trainer: _____ Date: _____

Athletic Trainer's Signature: _____ Athletic Trainer's Phone Number: _____

Athlete's Name: _____ Date of Birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation.

Date of Evaluation: _____

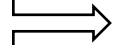
Care plan completed by: _____

Return to this office. Date/Time: _____

Return to school on (date): _____

RETURN TO SPORTS

Please Note:



- Athletes should not return to practice or play the same day that their head injury occurred.**
- Athletes should never return to play or practice if they still have ANY symptoms.**
- Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: Do NOT return to PE class at this time. May return to PE class.

SPORTS: Do NOT return to sports practice or competition at this time.

May gradually return to sports practices under the supervision of the health care provider for your School or team.

Must return to Physician for final clearance to return to competition.

--OR-- Cleared for full participation in all activities without restriction.

Medical Office Information (Please Print/Stamp)

Physician's Name: _____ Physician's Office Phone: _____

Physician's Signature: _____ Office Address: _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally, return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. There should be approximately 24 hour (or longer), for each step. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after activity.) This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats)

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weight lifting, (reduce time and or reduced weight from your typical routine).

Day 3: Heavy, non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 plane of movement)

Day 4: Full contact in a controlled drill or practice

Day 5: Return to competition

Name _____ M F Birthdate _____ Date of Injury _____
 Sport/Team/School _____ Phone _____
 Primary Care Physician _____ Phone _____
 Concussion Management Team Leader _____ Phone _____



When can the student-athlete return to school? It will depend on the individual. Every student's injury and recovery are unique and require careful observation from parents and doctors. Promote recovery and prevent ongoing symptoms by following a Return to Learn plan like the one below. *The physician will customize a plan to allow recovery at student's own pace.*

Schools should identify a team leader to work with each student-athlete who sustained a concussion to facilitate a safe return to learn. This identified team leader should establish a communication system between the physician, athletic trainer, school administrators, teachers, coaches, school nurse, school counselor, parent/guardian and any other members.

- STUDENT MAY NOT ATTEND SCHOOL.** Student may participate in daily activities at home as long as they do not increase symptoms (e.g., reading, texting screen time). Start with 5 to 15 minutes at a time and gradually build up. *Goal: Gradually return to typical activities.*
- SCHOOL ACTIVITIES AT HOME.** Start homework, reading or other cognitive activities outside of the classroom. Continue to limit at-home activities that can worsen symptoms, such as loud music, television, computer screen time, texting, etc. *Goal: Increase tolerance to cognitive work.*
- RETURN TO SCHOOL PART-TIME.** Gradual introduction of schoolwork, but will require accommodations depending on their current symptoms. Continue to work with the student to identify any specific classroom subjects (e.g. math, science, foreign languages) and activities and that could be worsening symptoms. *Goal: Increase academic activities.*
- RETURN TO SCHOOL FULL-TIME.** Gradually progress school activities until a full day can be tolerated. Work with the student to ensure a classroom "catch-up" plan is in place. Student may fully participate in normal classroom activities — except with restrictions as noted below. *Goal: Return to full academic activities.*
- NORMAL CLASSROOM.** Student may fully participate in normal classroom activities without accommodations.

<p>Do NOT participate in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PE class <input type="checkbox"/> Weightlifting <input type="checkbox"/> Band or Music <input type="checkbox"/> Wood or Metal shop <input type="checkbox"/> Debate/Forensics <input type="checkbox"/> Other Subjects: _____ _____ <input type="checkbox"/> Homework <input type="checkbox"/> Exams or Quizzes <input type="checkbox"/> Research Papers <input type="checkbox"/> Computer/Tablet Use <input type="checkbox"/> Video Games or Movies <input type="checkbox"/> Drive/operate heavy equipment <input type="checkbox"/> Activities involving heights <input type="checkbox"/> Other: _____ _____ 	<p>Classroom Accommodations:</p> <p>Breaks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow student to go to nurse's office if symptoms increase. <input type="checkbox"/> Allow student to go home if symptoms do not subside. <input type="checkbox"/> Allow other breaks during school day as necessary and appropriate. <p>Visual Stimulus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow student to wear sunglasses/hat in school. <input type="checkbox"/> Limit bright screen use of computer or television. <input type="checkbox"/> Provide note taker. <input type="checkbox"/> Reduce monitor brightness. <input type="checkbox"/> Change classroom seating. 	<p>Audible Stimulus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lunch in a quiet place with a friend. <input type="checkbox"/> Avoid music, band or wood/metal shop class. <input type="checkbox"/> Allow to wear earplugs as needed. <input type="checkbox"/> Allow class transitions before bell. <p>Workload/Multi-Tasking:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce overall amount of homework, make-up work and class work. <input type="checkbox"/> Prorate workload when possible. <input type="checkbox"/> Reduce amount of homework. <input type="checkbox"/> Allow for scribe, oral responses, and oral questions. <p>Physical Exertion:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking in gym class only. <input type="checkbox"/> Other: _____ 	<p>Testing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Additional time to complete tests. <input type="checkbox"/> No more than one test a day. <input type="checkbox"/> No standardized testing until: _____ (date). <p>Specialized Instruction:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Request extended learning plan be developed (could include IEP, 504, etc.) <p>Other Accommodations:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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The student-athlete should not go back to sports until they are able to fully participate in normal classroom activities without accommodations. To start the process for returning athlete to their sport, use the **Warm-up to Play Release Form 3**.

Concussion symptoms may develop within days after a head injury. The patient should continue to be observed for any new symptoms.

Medical Professional Signature: _____ Date _____

Additional Instructions: _____
