

## Passaic Valley High School Concussion Clearance ■ Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (<http://www.cdc.gov/concussion/index.html>). All medical providers are encouraged to review the CDC site if they have any questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Medical providers, please initial any recommendations you select.

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Team/Sport \_\_\_\_\_

**INJURY HISTORY** Person Completing Injury History Selection (circle one): Licensed Athletic Trainer / First Responder / Coach / Parent

Date of Injury \_\_\_\_\_ Name of person completing form \_\_\_\_\_  Please see attached information

Following the injury, did the athlete experience:	Circle one	Duration (write number/circle appropriate)	Comments
Loss of consciousness or unresponsive	YES / NO	_____ minutes / hours	
Seizure or convulsive activity	YES / NO	_____ minutes / hours	
Balance problems/unsteadiness	YES / NO	_____ hrs / days / weeks / continues	
Dizziness	YES / NO	_____ hrs / days / weeks / continues	
Headaches	YES / NO	_____ hrs / days / weeks / continues	
Nausea	YES / NO	_____ hrs / days / weeks / continues	
Emotional Instability(abnormal laughing, crying, anger)	YES / NO	_____ hrs / days / weeks / continues	
Confusion	YES / NO	_____ hrs / days / weeks / continues	
Difficulty concentrating	YES / NO	_____ hrs / days / weeks / continues	
Vision problems	YES / NO	_____ hrs / days / weeks / continues	
Other	YES / NO	_____ hrs / days / weeks / continues	

Describe the injury, or give additional details:

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL PROVIDER RECOMMENDATIONS** (to be completed by a medical provider) This return to play (RTP) plan is based on today's evaluation

RETURN TO SPORTS

PLEASE NOTE

1. Athletes are not allowed to return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have **ANY symptoms**.
3. 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.

SCHOOL (ACADEMICS)  May return to school now     May return to school on \_\_\_\_\_     Out of school until follow-up visit

PHYSICAL EDUCATION & ATHLETICS     Do NOT return to PE class and athletics at this time     May return to PE class and athletics

Can return to PE class and athletics after RTP progression

Additional comments/instructions:

\_\_\_\_\_

\_\_\_\_\_

Physician Name (please print) \_\_\_\_\_ MD or DO

*A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner, or physician assistant, and may work in collaboration with a licensed neuropsychologist for RTP clearance.*

Signature (required) \_\_\_\_\_

Medical Provider Name (please print) \_\_\_\_\_  
NP, PA-C, LAT, Neuropsychologist (please circle one)

Date \_\_\_\_\_

Office Address \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

- All NJ public high school and middle school athletes must have an MD signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, **Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of the first visit.**
- **N.J.S.A.18A:40-41.3 – Physicians evaluating concussed athletes must be “trained in the evaluation and management of concussions”.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and contact number information of supervising/collaborating physician

\_\_\_\_\_

### Academic Recommendations (to be completed by a medical provider)

Following a concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Activities such as reading, watching TV or movies, video games, working/playing on the computer and/or texting heavily stimulates the brain and can lead to prolonged symptom recovery. Therefore, immediately following a concussion mental rest is key. Student-athletes present a challenge as they will often have school the day following an injury. Healthcare providers need to consider if modifications to school activities should be made to help facilitate a more rapid recovery. Modifications that may be helpful follow:

**Return to school with the following supports:**

- Shortened day. Recommended \_\_\_\_ hours per day until (date)\_\_\_\_\_
- Shortened classes (i.e. rest breaks during classes). Maximum class length \_\_\_\_ minutes.
- Allow extra time to complete coursework/assignments and test.
- Lessen homework load to maximum nightly \_\_\_\_ minutes, no more than \_\_\_\_ min continuous.
- Lessen computer time to maximum \_\_\_\_ minutes, no more than \_\_\_\_ min continuous.
- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- Take rest breaks during that day as needed.

### Gradual Return to Play Plan

**Once the athlete is completely symptom-free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started.** All players must complete a Return to Play Protocol that proceeds in a step-wise fashion with gradual, progressive stages. This begins with light aerobic exercises designed only to increase your heart rate (e.g. stationary cycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practices with controlled contact prior to final clearance to competition. Monitoring of acute signs/symptoms during the activity, and delayed symptoms at 24 hours post-activity should be conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc) both during and in the minutes to hours after each stage. After completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity the following day. An athlete should ONLY be progressed to the next stage if they do not experience and symptoms at the present level. If their symptoms recur, they must stop and rest an additional seven days. Once symptom-free for seven days, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to "restart" twice, consultation with a healthcare provider is suggested. An *example* of a Return-To-Play protocol is found below:

STAGE	EXERCISE	DATE	COMPLETED/COMMENTS	SUPERVISED BY
1	No activity Normal school day Recovery period			
2	Light aerobic exercises, walking, jogging, cycling to increase heart rate			
3	Sport specific exercises, add movement			
4	Non- contact training drills Resistance training added			
5	Full contact training activities Full practice			
6	Resume full participation in competition			

\_\_\_\_\_ Date: \_\_\_\_\_  
Athletic Trainer Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature