

USD 263 Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (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 recommendations 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: 

- 1. Athletes should not 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.**
- 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

May be advanced back to competition after phone conversation with attending physician.

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 the 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 weightlifting (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, noncontact sport specific drills (agility – with 3 planes of movement).
- Day 4:** Sports Specific practice
- Day 5:** Full contact in a controlled drill or practice.
- Day 6:** Return to competition

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

**Return to Learn
 Classroom Rx 3**
Sports Concussion Observation, Recognition & Evaluation



www.KansasConcussion.org

A project sponsored by Kansas Medical Society

When can the student-athlete return to school? It will depend on the individual. Every student's injury and recovery is unique and requires 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 AT THIS TIME. Student may not attend class and should not work on homework assignments, reading projects, etc. This includes no extracurricular activities, such as all athletic activity, weightlifting, gym class, band, music, debate, etc. Continue to limit at-home activities that can worsen symptoms, such as loud music, television, computer screen time, texting, etc.

PARTIAL SCHEDULE & ACCOMMODATIONS. Student may attend school with a partial class schedule. Work with the student to help determine the most appropriate schedule. Classes should be prioritized and not worsen symptoms. Special accommodations may be required to limit symptoms (e.g. longer time period to take exams, postponing research papers, quiet studying in the library, etc.) Homework should be limited during this time. Participation in all athletic activity, weightlifting, gym class, and extracurricular activities is still fully restricted.

FULL SCHEDULE & ACCOMMODATIONS. Student may participate in a normal classroom schedule, but will still require some accommodations, depending on their current symptoms. Continue to work with the student to identify any specific classroom activities that could be worsening symptoms. Student may be able to participate in band and music class if this does not worsen concussions symptoms. All athletic activity, weightlifting and gym class is still not allowed, but the student can start to participate in non-athletic extracurricular activities as tolerated.

Classroom options while student has not achieved 100% cognitive recovery could include:

- Offer a tutor, reader, or a note taker to assist with performance in the classroom.
- Give an extended period of time to complete quizzes, tests, papers, etc.
- Allow classroom attendance but postpone tests, quizzes, papers, etc. until cognitive function has improved.
- Offer accommodations to minimize noisy/stimulating environments or allow them preferential seating in the classroom

Gradually increase school participation and independence as tolerated by the student. Goal is to achieve full return to school without accommodations.

NORMAL CLASSROOM. Student is **NOT** allowed to participate in any physical activity, such as weights, jogging, drills, practice or games. The athlete is **NOT** cleared to start "Warm-up to Play" but may fully participate in normal classroom activities. Work with the student to ensure a classroom "catch-up" plan is in place, if necessary.

*Once participation in the classroom is normal and all concussion symptoms have resolved, physician should use the **Warm-up to Play Release Form 4** if authorization for Warm-up to Play can be safely started. Once the Warm-up to Play progression is fully completed without return of symptoms, the student will be cleared for all athletic activity, weightlifting and gym class without restrictions.*

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

Do NOT allow student to participate in the following:

- PE class
- Weightlifting
- Band or Music
- Wood shop or Metal shop
- Debate and Forensics
- Homework
- Exams or Quizzes
- Research Papers
- Computer Use
- Videos or Movies
- Other: _____

Please accommodate the student in the classroom by:

- Extending test time
- Allowing quiet work time (in library, for example)
- Creating a planner with assignments, due dates, etc.
- Providing a tutor
- Creating an individualized learning plan
- Other: _____

Medical Professional Signature: _____ Date _____

Scheduled Follow-up Date _____

Notes: _____