

PHYSICIAN CONCUSSION EVALUATION FORM

WARREN HILLS REGIONAL ATHLETIC TRAINING

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Date: _____

Dear Physician:

_____ has sustained a concussion while participating in _____ at Warren Hills Regional High School and has been referred to you for evaluation. The following information provides some background on how we handle head injuries at Warren Hills, including computerized neurocognitive testing and return to play guidelines.

At the direction of our school physician, Dr. James Goodwin, and adopted by the Warren Hills Regional Board of Education, Warren Hills Regional High School follows the concussion guidelines set forth by the Zurich Concussion Consensus Statement and the NJSIAA as follows:

Return to Play Guidelines

First time concussed athletes with no loss of consciousness and signs/symptoms lasting less than 7 days may return to play when he/she meets the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completes the Zurich Activity Progression (see below) once asymptomatic for 1 week and medically cleared to do so.
3. ImPACT scores return to within normal limits of baseline (if applicable).

Any loss of consciousness, signs/symptoms lasting 7 days or longer, or repeat concussions will require a minimum 7 day asymptomatic period and medical clearance before beginning the Zurich Activity Progression and will be managed on an individualized basis as approved by the school physician. The asymptomatic period for any concussion may be extended at the discretion of the Warren Hills physicians and athletic trainer.

Physician clearance notes inconsistent with the concussion policy may not be accepted and such matters will be referred to our school physician.

Zurich Return to Activity Progression

We follow a stepwise activity progression based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport as follows:

- Step 1: Light aerobic exercise (ie: stationary bike)
- Step 2: Moderate aerobic exercises (begin running program)
- Step 3: Functional exercises (increase running intensity, begin agilities, non-contact sport-specific drills)
- Step 4: Non-contact practice activities
- Step 5: Full contact practice activities
- Step 6: Full game play

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Each step is separated by 24 hours. If any symptoms occur, the athlete will drop back to the previous level and try to progress again after 24 hours of rest has passed

ImPACT TESTING

In sports of football, soccer, wrestling, lacrosse and competition cheerleading we require pre-season baseline and post-concussion neurocognitive testing using the ImPACT® software program to assist in the management of head injuries. The 20 minute program is set up in a "video game" format. The test tracks neurocognitive information such as memory, reaction time, brain processing speed and concentration. We conduct a post-concussive test when the athlete is asymptomatic and continue to test the athlete until their scores return to normal. Please note that this program is used only as a tool in making return to play decisions. Additional information about ImPACT® can be found at www.impacttest.com.

Thank you for your assistance. If you have any questions, please feel free to contact myself or Dr. Goodwin.

Sincerely,

Kevin Call, MS, ATC, CSCS

Head Athletic Trainer

For the Physician: Please indicate your diagnosis and treatment plan below. Please note that return to sports clearance that is inconsistent with our concussion policy may not be accepted and these matters will be referred to our school physician. Thank you.

Date: _____

Physician's Diagnosis: _____

Return to Activity

Please check one:

I agree the athlete is cleared for unrestricted sports once he/she meets the criteria outlined in this policy. This includes:

1. Asymptomatic (with no use of medications to mask headache or other symptoms)
2. Completion of the Zurich Activity Progression. This may begin once the athlete is asymptomatic for 1 week.
3. ImPACT scores return to normal limits of baseline

I have different recommendations beyond the above recommendations (please specify):

The athlete is to see me again before beginning any physical activity.

Additional comments:

Physician's name (please print): _____

Address: _____

Phone: _____

Physician's Signature: _____