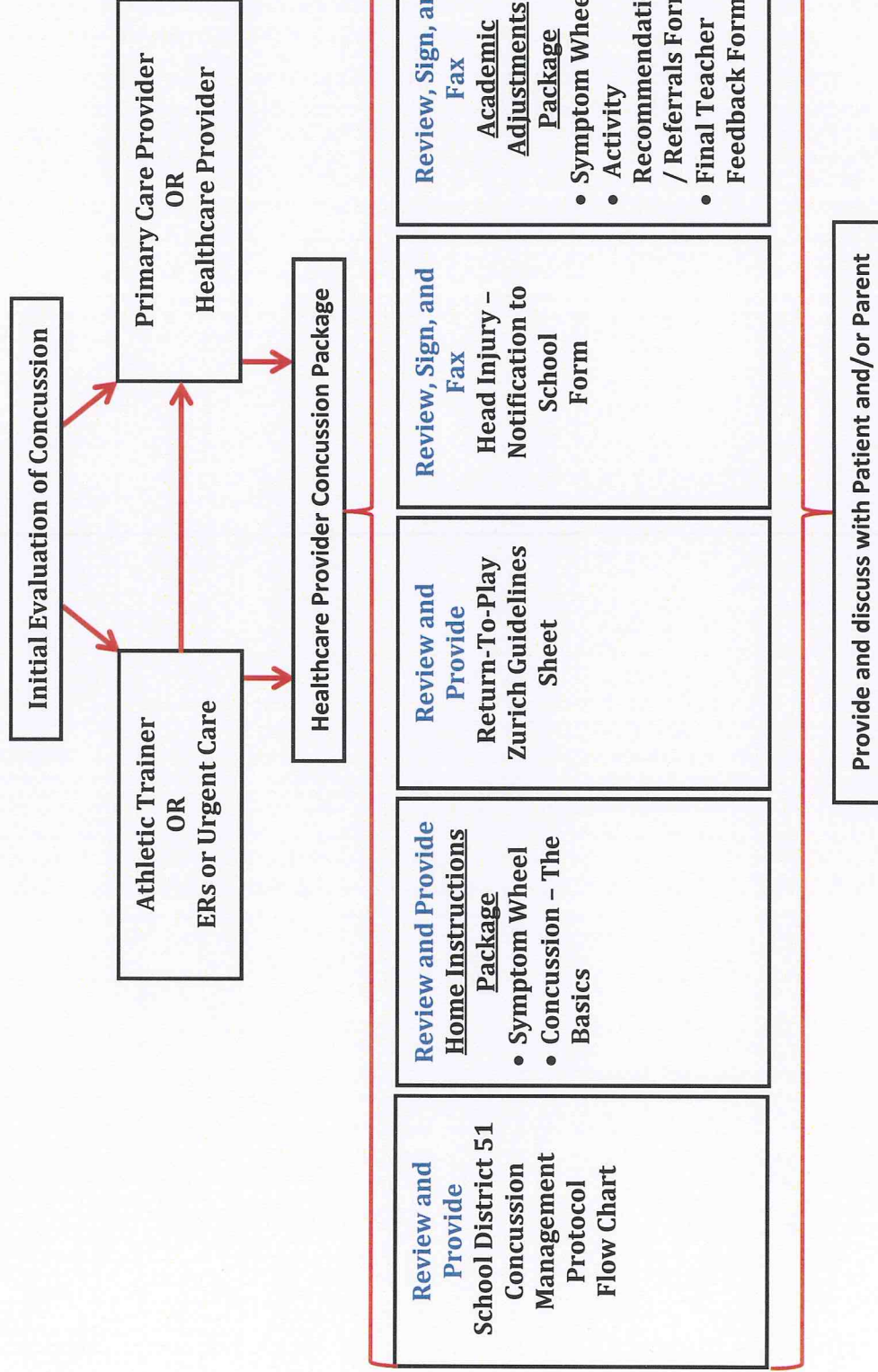


CONCUSSION MANAGEMENT PROCESS FOR ALL MESA COUNTY STUDENTS



School District 51 Concussion Management Protocol

Use the following key to help patient and / or parent understand protocol / process

 = Healthcare Provider or Athletic Trainer = Healthcare Provider = Healthcare Provider, Athletic, Trainer, Parent or Coach

Suspected Concussion

First Steps

1. Remove from Play **AND** School
2. Counsel on Physical **AND** Cognitive Rest
3. Counsel on "return-to-school" after symptoms are tolerable

Other Tasks

1. Review and Provide "**Home Instructions**" Sheet
2. Review and Provide "**Return-To-Play (RTP) Zurich Guidelines**" Sheet
3. Sign and Fax "**Head Injury - Notification to School**" Form to school¹

Perform ImPACT™ Test²

1. As soon as possible after concussion
2. Consider **early** Neuropsychology, Audiology, Vestibular and Speech Therapy, and / or Neurology referrals³
3. If < 11 years old - Consider referral to Neuropsychology (No ImPACT™ or other Computerized Neurocognitive Tests available in this age group)

Review ImPACT™ Test

Is there a Valid Baseline ImPACT™ Test?

YES

Compare ImPACT™ to Baseline Test

NO

Compare ImPACT™ to Normative Data⁴

Repeat in 1-2 weeks until normal

Consider Assistance from Task Force Members⁵

All of the following must be complete for patient to start Stage 2 Return-to-Play (Zurich Guidelines)

- No concussion related symptoms or use of medications (to treat concussion)
- Normal clinical examination **AND** ImPACT™ Test (or other Neurocognitive Tests for individuals < 11 years of age)
- No concussion related academic adjustments ("Teacher Feedback Form" received from school)
- Healthcare provider has completed Step 1 of "Concussion Medical Clearance" Form⁵

Start Stage 2 Return-to-Play (Zurich Guidelines)

1. Certified Athletic Trainer (ATC) conducts Return-To-Play Protocol⁶
2. If ATC unavailable, educate parent(s) on conducting Return-To-Play Protocol

No concussion related symptoms **AND** academic adjustments across Stages 2 through 5 (Zurich Guidelines)

Stage 5 Return-to-Play (Zurich Guidelines) completed **AND** no concussion related symptoms

Healthcare provider has completed Step 2 of "Concussion Medical Clearance" Form

Return to Full Participation

For Patients / School Administrators / Parents:

DISCLAIMER: This form is provided to promote health as a public service and is merely informational. **THIS DOES NOT CONSTITUTE MEDICAL ADVICE**, and should not be used as a substitute for medical diagnosis or treatment by a medical professional. *If you suspect you or someone else may have suffered a concussion, consult a doctor immediately.* If there is an emergency, call 911. The Western Colorado Concussion Consortium and the Mesa County Physicians IPA ('Concussion Consortium') do not assume responsibility for the circumstances arising out of the use, misuse, interpretation, or application of this material to any situation. This information was intended to be accurate when created, but there is no obligation on the Concussion Consortium to update or correct these forms in the event that there are changes to the medical body of knowledge.

For Healthcare Providers:

DISCLAIMER: This form is provided to promote health as a public service and is merely informational. **THIS IS NOT A SUBSTITUTE FOR MEDICAL ADVICE**, and should not be used in place of your medical judgment. The Western Colorado Concussion Consortium and the Mesa County Physicians IPA ('Concussion Consortium') do not assume responsibility for the circumstances arising out of the use, misuse, interpretation, or application of this material to any situation. This information was intended to be accurate when created, but there is no obligation on the Concussion Consortium to update or correct these forms in the event that there are changes to the medical body of knowledge.

Per Colorado State Law (SB11-040): "IF A YOUTH ATHLETE IS REMOVED FROM PLAY PURSUANT TO SUBSECTION (3) OF THIS SECTION AND THE SIGNS AND SYMPTOMS CANNOT BE READILY EXPLAINED BY A CONDITION OTHER THAN CONCUSSION, THE COACH SHALL NOT PERMIT THE YOUTH ATHLETE TO RETURN TO PLAY OR PARTICIPATE IN ANY SUPERVISED TEAM ACTIVITIES INVOLVING PHYSICAL EXERTION, INCLUDING GAMES, COMPETITIONS, OR PRACTICES, UNTIL HE OR SHE IS EVALUATED BY A HEALTH CARE PROVIDER AND RECEIVES WRITTEN CLEARANCE TO RETURN TO PLAY FROM THE HEALTH CARE PROVIDER."

**** Per SB11-040, the following Healthcare Providers are the only providers authorized to clear youth athletes for return to play: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.**

1. WHERE TO FAX HEAD INJURY-NOTIFICATION TO SCHOOL FORM:

School Nurse (SD 51) (970) 245-0825

2. WHERE TO GO FOR ImPACT™ TESTING / SPECIALIST REFERRALS:

School District Psychologist (970) 254-5125
Erin Glavan (ATC, SD 51) (970) 250-1131-Fruita and Grand Junction Schools
Noah Larsen (ATC, SD 51) (970) 640-6640-Central and Palisade Schools
Chris Young, PhD(Neuropsychology) (970) 242-5707

3. CONTACT INFORMATION FOR REFERRALS:

Chris Young, PhD(Neuropsychology) (970) 242-5707
Jennifer BeBee, Au.D. (Audiology) (970)-549-4660
Kari Mullaney, MS (Vestibular Therapy) (970)-241-5856
Therapy Works (Speech & Vestibular Therapy) (970)-256-6378

4. NORMATIVE DATA EVALUATION:

Chris Young, PhD (970) 242-5707

5. CONTACT CONCUSSION TASK FORCE MEMBERS FOR ASSISTANCE:

Gregory Doyle, M.D. (970)-263-2600
Danny Mistry, M.D. (970) 245-0484
Tarek Arja, DO (970)424-5030
Richard Price, M.D. (970) 256-5201
Chris Young, PhD (970) 242-5707

6. CONTACT INFORMATION FOR SD 51 CERTIFIED ATHLETIC TRAINER'S:

Erin Glavan (970) 250-1131
Noah Larsen (970) 640-6640

7. WHERE TO FAX CONCUSSION MEDICAL CLEARANCE FORM:

School Nurse (SD 51) (970) 245-0825

PHYSICAL

Limit physical activity including home chores and playing or going out with friends.

Limit loud activities (dances, games, movies, restaurants, birthday parties, etc.) especially during the first few days during recovery from concussion.

Remove from physical activity - including recreational, club and organized sports.

Restrict "rough-housing" between siblings/peers at home.

Allow child to keep shades drawn and lights dim as needed and/or wear sunglasses.

Keep noise level at home as low as possible and allow child to wear noise cancelling headphones or earplugs as needed.

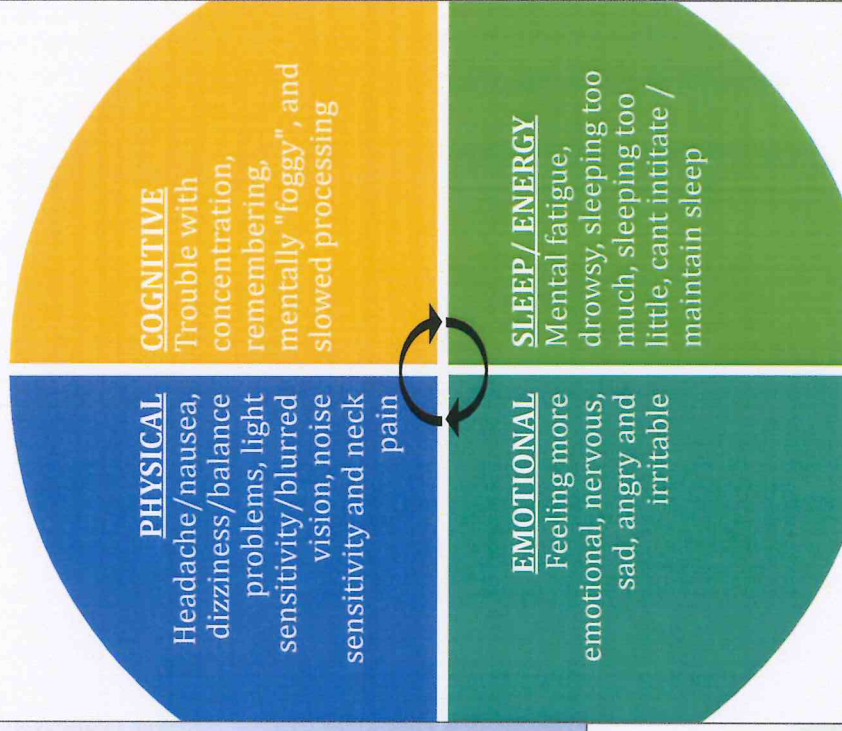
EMOTIONAL

Make sure child is feeling connected with peers, athletic team, or both. Child may "hang out" with team (e.g. travel w/team, be on sidelines) as long as they don't need the time to be at home resting and only when he/she is able to be at school successfully.

Don't punish child for emotional outbursts. Understand that being more emotional or irritable is part of having a head injury.

Develop a plan with your child if they are feeling emotional. Work with school on a similar and appropriate plan at school.

SYMPTOM WHEEL



Rule of thumb: If symptoms intensify, there has probably been too much use of technology, social media or home activity! Cut back the technology/social media and home activity and increase the rest.

However, add in home stimulation regularly as you see your child improve daily.

COGNITIVE

Limit activities including computer time, texting, television/movie watching, video game playing, reading, homework, socializing, extracurricular activities and working.

Restrict your child's driving until cognitive symptoms resolve and seem back to baseline.

Encourage and support child to follow the cognitive reduction plan developed by the school.

Determine if child is feeling stressed about school; continue to work with school on adjusting the expectations and requirements at school throughout recovery.

Give only one task at a time for child to complete and allow additional time for child to respond to questions.

SLEEP/ENERGY

Get regular and sustained sleep. For the first few days after the injury, extra sleep is OK.

After the first days, start getting back to a regular sleep schedule. Allow napping but try to limit napping to no more than 20 minutes per day. Eventually eliminate naps.

Don't allow napping too late in the afternoon.

Don't allow child to text, read, talk on cell phone, watch movies, videos/computer or eat in bed. Educate about healthy sleep hygiene.

Concussion – The Basics

This document is to provide our athletes, parents, coaches, and support staff basic information regarding concussion and a defined set of recommendations for good management. The purpose is to supplement concussion management protocols that have been established by the schools of SD 51.

1. Definition

‘Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.’ [1]

2. Symptoms (range of symptoms may vary from a single symptom to all symptoms [2-6])

- **Physical**

- Headache, confusion, disorientation, staring, appears dazed and / or stunned, light sensitivity, blurred vision, double vision, nausea, dizziness, ringing in the ears, balance problems, noise sensitivity, incoordination, slurred speech, neck pain, loss of consciousness.

- **Cognitive**

- Concentration and/or memory difficulty, feeling mentally ‘foggy, groggy, and/or hazy’, forgetfulness, slowed processing of basic information and/or answering questions.

- **Emotional**

- Sadness, nervousness, unusually angry and/or irritable.

- **Sleep / Energy**

- Mental fatigue, drowsiness, sleeping too much or too little, difficulty initiating and/or maintaining sleep.

3. Recommendations for Parents

- **Tips for Restful Sleep**

- Encourage nighttime sleep and morning wake-up on a regular schedule.
- Limit morning and afternoon naps.
- A warm bath or shower one hour before bedtime and stretching and/or deep breathing exercises at bedtime may be helpful.
- Reduce exposure to light from either inside or outside the bedroom –including alarm clocks, cable boxes, and/or electronics devices.
- Refrain from watching TV or the use of electronics, including your phone in the bedroom.

- **Fluids and Diet**

- Adequate hydration is essential; limit caffeine intake, especially in the afternoons.
- Avoid all ‘energy drinks’, eat healthy meals and avoid sugars, refined or processed foods.
- Eat breakfast regularly and healthy snacks frequently throughout the day.

- **Be a Partner in Your Child’s Recovery**

- Communicate frequently with your child’s school staff (counselor, nurse, teacher’s) to ensure that your child has the necessary academic adjustments during recovery.
- Encourage compliance with medical recommendations –including activity modifications and follow-up visits with their health care provider.
- Encourage your child to avoid physical activity until medical cleared by their health care provider.

4. School Adjustments (based on classification of ‘Symptoms’ from Section #2 above) [6]

- **Physical**

- Remove from PE, physical recess and/or dance classes.
- Permit the use of sunglasses –while indoors and outdoors.
- Encourage use of a quiet room for lunch and during recess.
- Encourage ‘quiet passing’ in halls.

- **Cognitive**

- Reduce academic workload (classroom and homework).
- Avoid repetition of work with focus on quality not quantity.
- Adjust ‘due dates’ and facilitate ‘extra time’ for assignments.
- Provide and explain written instructions for assignments.
- Permit student to ‘audit’ classwork as needed.
- Postpone large test/projects.
- Adjust testing environment (e.g., quiet testing, one-on-one testing).

- **Emotional**
 - Empower student to leave classroom as needed using a ‘signal’ to inform teacher.
 - Educate staff regarding the influence of mental fatigue on ‘emotional meltdowns’.
 - Encourage student to visit with supportive adult (counselor, nurse, or advisor).
 - Pay attention to symptoms of depression and anxiety related to social isolation and concern over ‘catch-up work’ and/or deteriorating grades.
- **Sleep / Energy**
 - Allow for frequent rest breaks as needed –in classroom (e.g., ‘brain rest’ breaks = head on desk; eyes closed for 5 to 10 minutes).
 - Require scheduled 15 to 20 minute breaks in a quiet space during the mid-morning, mid-afternoon and as needed at other times during the ‘school day’.
 - Permit student either to start school later in the day or to leave school early, if needed.
 - Interchange ‘mental challenges’ with ‘mental rest’.

5. Miscellaneous Facts

- A concussion is a concerning injury that needs management through good education using a unified ‘**team approach**’ and strict practice of the School District 51 Concussion Management Protocol is highly recommended.
- Individuals should not return to school on the same day they sustained a concussion.
- Health care providers should communicate with the school staff and family on symptoms before making treatment / clearance decisions.
- Early referral to Neuropsychology and Vestibular Therapy.
- ‘Sound judgment’ by trained, experienced, knowledgeable clinicians is critical to good recovery.
- Catastrophic outcomes after concussion are very rare; yet, there is an increased susceptibility to repeat concussion in the days following injury.
- History of multiple concussions may lead to longer recovery times for subsequent concussions; those with multiple concussions should be treated more conservatively.
- Most uncomplicated concussions resolve within a few days to weeks.
- Injury and stress can play a role in persistent, prolonged symptoms and poor ImPACT™ test scores; thus if symptoms persist beyond 3-4 weeks and ImPACT™ test scores are persistently abnormal, specialist consultation with Neuropsychology is recommended.
- Rest is recommended for the first few days after concussion.
 - Physical and Cognitive rest may reduce ‘brain strain & drain’.
 - Therefore, physical activity when individual is symptomatic should be avoided.
 - There is no research that ‘complete or persistent rest’ beyond a few days is an effective form of treatment.
 - Removing individuals from school for prolonged periods (weeks) can prolong or worsen symptoms.
- Request academic adjustments based on physical, cognitive, emotional and / or sleep / energy symptoms.
- Neurocognitive Tests (ImPACT™):
 - Is not a diagnostic tool.
 - It is simply one of several clinical measures used for thorough evaluation and management of concussions during recovery.
 - Should not be used in isolation as a **return-to-play** measure.
 - Without a good baseline study, tests administered after concussions are of limited value.
 - These tests can be less valid in the pediatric population.
- Return to full participation in sports and physical activity is highly recommended only after all steps of the School District 51 Concussion Management Protocol have been completed.

Selected References

1. McCrory, P., et al., Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. Br J Sports Med, 2013. 47(5): p. 250-8.
2. Evans, RW. Concussion and mild traumatic brain injury. Up-To-Date. Accessed February 4th, 2015.
3. <http://www.cdc.gov/concussion/>; Accessed February 4th.
4. CDC (2012). Heads up to schools: A fact sheet for school nurses. A heads up for schools: Knowing your concussion.
5. Kelly, J.P. and J.H. Rosenberg, Diagnosis and management of concussion in sports. Neurology, 1997. 48(3): p. 575-80.
6. REAP The Benefits of Good Concussion Management. McAvoy K. Center for Concussion. Rocky Mountain Hospital for Children, Denver, www.RockyMountainHospitalforChildren.com.

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A Graduated Return-to-Play (RTP)

FAMILY TEAM is the student/athlete 100% back to pre-concussion function?

WHEN ALL FOUR TEAMS AGREE
The student/athlete is 100% recovered, the MEDICAL TEAM can then approve the starting of the Graduated RTP steps. The introduction of physical activity (in the steps outlined in order below) is the last test of the brain cells to make sure they are healed and that they do not "flare" symptoms. This is the final and formal step toward "clearance" and the safest way to guard against a more serious injury.

MEDICAL TEAM approves the start of the RTP steps

SCHOOL ACADEMIC TEAM is the student/athlete 100% back to pre-concussion academic functioning

SCHOOL PHYSICIAN TEAM often the ATC at the school takes the athlete through the RTP steps.
If there is no ATC available, the MEDICAL TEAM should teach the FAMILY TEAM to administer and supervise the RTP steps.

A Graduated Return-to-Play (RTP) Recommended by The 2012 Zurich Consensus Statement on Concussion in Sport *

STAGE	ACTIVITY	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE OF STATE
1	No activity <i>When a 100% symptom free for 24 hours proceed to Stage 2. (Recommend longer symptom-free period at each stage for younger student/ athletes)</i>	Symptoms limited physical and cognitive rest.	Recovery
2	Light aerobic exercise <i>If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.</i>	Walking, swimming, or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training.	Increase heart rate
3	Sport-specific exercise <i>If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.</i>	Skating drills in ice hockey, running drills in soccer. No head-impact activities.	Add movement
4	Non-contact training drills <i>If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.</i>	Progression to move complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training.	Exercise, coordination and cognitive load
5	Full-contact practice <i>If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage.</i>	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to play	Normal game play.	No restrictions

The healthcare professional should give the responsibility of the graduated RTP steps over only to trained professional such as an ATC, PT or should teach the parents. A coach, school nurse of PE teacher does NOT need to be responsible for taking concussed student/athlete through these steps.

Research Notes: Earlier introduction of physical activity is being researched and may become best practice. However, at this time, any early introduction of physical exertion should only be conducted in a supervised and safe environment by trained professionals.

This form was adapted and used with permission from the Center for Concussion, Rocky Mountain Hospital for Children.

MESA COUNTY
PHYSICIANS IPA, INC.

Suggested Academic Adjustments



Student Name: _____

Date: _____

Healthcare Signature: _____

The student named above has suffered a concussion. Concussion symptoms tend to slowly and steadily resolve over 3 to 4 weeks. Use this as a guide, consider all suggestions below, not just those checked by the healthcare professional and **apply the ones that are appropriate to your class and this student**. Be flexible, adjust frequently, and lift academic adjustments whenever you no longer feel they are necessary. **Please FAX this form to 970-245-0825 (School District #51 only)**

Teachers, please consider categorizing work into:

Work REMOVED - Consider removing at least 25% of the workload	NEGOTIABLE - Consider either "adjusting" workload (i.e. collage instead of written paper) or "delaying" workload but delay no more than 25% of work	Work REQUIRED - Consider requiring no more than 25% of workload
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PHYSICAL

Provide "Strategic Rest"- scheduled 15 to 20 minute breaks in clinic/quiet space (mid-morning; mid-afternoon and/or as needed).

Allow sunglasses (inside and outside).

Provide quiet room/environment, quiet lunch, and quiet recess.

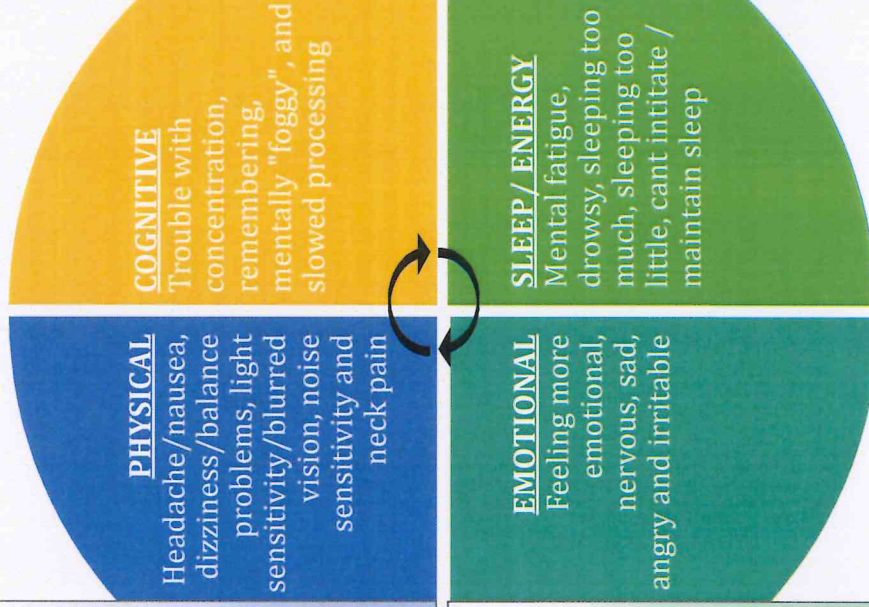
Allow more frequent breaks in classroom and or in clinic.

Allow quiet passing in halls.

Remove from PE, physical recess and dance classes without penalty.

Allow ability to sit out of music, orchestra and computer class if symptoms are provoked.

SYMPTOM WHEEL



EMOTIONAL

Allow student to have a "signal" to leave room.

Help staff understand that mental fatigue can manifest in "emotional meltdowns".

Allow student to remove him/herself to "de-escalate".

Allow student to visit with supportive adult (consider nurse, or advisor).

Watch for secondary symptoms such as depression and anxiety, which are usually due to social isolation and concern over "make-up work" and slipping grades. **These extra emotional factors can delay recovery.**

COGNITIVE

Reduce workload in the classroom/homework.

Remove non-essential work.

Reduce repetition of work (i.e. only do even problems, strive for quality not quantity).

Adjust "due" dates and allow for "extra time".

Allow student to "audit" classwork.

Exempt/postpone large test/projects; alternative testing (quiet testing, one-on-one testing, oral testing).

Allow demonstration of learning in alternative fashion; provide written instructions.

Allow for "buddy notes" or teacher notes, study guides, work banks.

Allow for technology (tape recorder, smart pen) as tolerated.

SLEEP/ENERGY

Allow for rest breaks - in classroom or clinic (i.e. brain rest breaks = head on desk; eyes closed for 5 to 10 minutes).

Allow student to start school later in the day or leave school early.

Alternate "mental challenge" with "mental rest".

Name: _____ Treated for: Concussion/Other _____ Date: _____

ACTIVITY RECOMMENDATIONS	REFERRALS
<input type="checkbox"/> No Physical Activity	<input type="checkbox"/> Manual Therapy
<input type="checkbox"/> Limited Physical Activity	<input type="checkbox"/> Vestibular Therapy / ENT
o Light Cardio Plan	<input type="checkbox"/> Ophthalmology/Optometry
<input type="checkbox"/> No Phys. Activity at Recess	<input type="checkbox"/> Neurology
<input type="checkbox"/> No Gym/PE	<input type="checkbox"/> MRI/CT
<input type="checkbox"/> No Group/Contacts Sports	<input type="checkbox"/> Psychology/Psychiatry
<input type="checkbox"/> No Driving	<input type="checkbox"/> Neuropsychology / Testing
<input type="checkbox"/> No Texting	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Limited Texting	<input type="checkbox"/> Cardiology
<input type="checkbox"/> No Video Games/Screens	<input type="checkbox"/> Fluids Handout
<input type="checkbox"/> No/Limited TV	<input type="checkbox"/> Vis Motion Handout
<input type="checkbox"/> No/Limited/Full Work Schedule	<input type="checkbox"/> Other

SCHOOL RECOMMENDATIONS:

Impact Date:	Percentile	Interpretation
Verbal Memory		
Visual Memory		
Vis-Motor Speed		
Reaction Time		

- ☐ Attend school with academic adjustments - Please see attached list of suggestions
☐ Attend school full time with NO adjustments/restrictions

Additional Comments:

- ☐ Patient is **NOT** cleared: the patient is still symptomatic and/or is not functioning at baseline cognitively at school or with neurocognitive testing. Therefore, the patient is **NOT CLEARED** for participation in sports/physical activity and the patient will need to return to their Healthcare Provider for further consultation.

- ☐ Patient must return to Healthcare Provider's office in _____ weeks for re-evaluation.
☐ Patient will continue to check-in with the school ATC or Nurse daily.
☐ Patient & Parent will check in with Teachers to complete Teacher Feedback Form **AND BRING IT TO FOLLOW-UP APPOINTMENT.**
☐ Follow up with _____

Healthcare Provider Name: _____

Healthcare Provider Signature: _____

Date: _____

Parent Signature: _____ Date: _____

*I understand that my child has the above physical and cognitive restriction and we will abide by this Treatment Plan until re-evaluation by their Healthcare Provider. **Please FAX this form to 970-245-0825 (School District #51 only)***

It is very important to avoid marijuana, alcohol, or any other recreational drugs, all of which can delay your recovery.

PARENT: Return form to health care provider to be cleared for return to activity

MESA COUNTY
PHYSICIANS IPA, INC.



**Western Colorado Concussion Consortium
Final Teacher Feedback Form**

Student Name: _____ Date: _____ School: _____

Date of Concussion: _____ Health Care Provider: _____

Your child has been diagnosed with a concussion and is being managed by your health care provider. It is **your** responsibility to gather signatures from his/her teachers before your child is cleared by his/her health care provider for return to physical activity. After it appears that your child has no concussion related symptoms, have your child contact their teachers and ask them to fill in the boxes below based upon your child's **current** performance in classes AND whether there is an ongoing need for academic adjustments in their classes (related to the current concussion). This process will allow your child's health care provider to make a decision whether or not it is safe to clear your child for return to physical activity.

Teachers: your feedback is very valuable in making decisions regarding return to physical activity. If you have noticed any physical, cognitive, and/or emotional symptoms in your classroom, please indicate below.

1 – Teacher name 2 – Class in which you teach this student	Is student receiving any academic adjustments in your class? If yes, please describe.	Have you noticed or has the student reported any concussion symptoms to you (e.g., headaches, dizziness, concentration or memory problems, irritability, fatigue etc.)? If yes, please explain.	To the best of your knowledge, is this student performing at their pre-concussion level?
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:
			YES or NO Date: Teacher Signature:

School Counselor Signature: _____ Date: _____

MEDICAL PROVIDER: please review with patient and / or parents and have form signed at initial visit; keep form in medical provider office; **if patient is a School District 51 student, fax to Nurse at 970-245-0825 when cleared for Return-to-Play (Step's 1 and 2)**

MESA COUNTY
PHYSICIANS IPA, INC.



Western Colorado Concussion Consortium Concussion Medical Clearance Form

Patient's Name: _____ Patient School: _____

☐ **Step 1. Medically cleared for Stage 2 through Stage 5 (of the Return-to-Play protocol per Zurich Guidelines*). The following conditions have been met:**

- Patient has no concussion related symptoms and is off all medications to treat the concussion.
- Neurological examination is normal.
- Neurocognitive test (ImPACT™) is normal.
- Patient does not need Academic Adjustments.
- Final Teacher Feedback form has been completed and signed by all of his/her teachers and the school counselor.

Healthcare Provider Name: _____ Healthcare Provider Signature**: _____

Healthcare Provider Phone: _____ Date: _____

FOLLOWED BY

☐ **Step 2. Medically cleared for full, unrestricted "Return to Play" and "All Physical Activity" (Stage 6 of Return-to-Play protocol per Zurich Guidelines*). The following conditions have been met:**

- In addition to meeting the conditions above, patient has satisfactorily completed all 4 stages (2 through 5) of Return-to-Play protocol as per Zurich Guidelines* WITH complete resolution of concussion symptoms.
- The patient does not have to return to clinic for your signature.
- However, we recommend that you document any communication with the individual (ATC, parent/guardian) who helped the patient complete the Return-to-Play protocol as per Zurich Guidelines*.
- This is essential to ensure that the patient did not have any recurrence of concussion related symptoms and/or did not need repeat Academic Adjustments during the Return-to-Play protocol.

Healthcare Provider Name: _____ Healthcare Provider Signature**: _____

Healthcare Provider Phone: _____ Date: _____

Instructions for Healthcare Providers:

1. Complete relevant section and if patient is a School District 51 student, fax to Nurse at 970-245-0825 when cleared for Return-to-Play (Step's 1 and 2).
2. File a copy with patient's medical record at your office.

* Zurich Guidelines, November 2012 at <http://bjsm.bmj.com/content/47/5/250.full>

** Per Colorado State Law (SB11-040): The following Healthcare Providers are authorized to clear youth athlete's for return to play: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

Please review information on reverse side of page with patient and parent and obtain signature from parent / patient as dictated by patient age.

ADDITIONAL INFORMATION FOR PATIENT / PARENTS / GUARDIANS:

Step 1 indicates:

- That based on current best-practice concussion management guidelines, reasonable medical standards indicate that it is safe to return your child to a graded Return-to-Play protocol. This graded program must be satisfactorily completed before your child will be medically cleared for full participation without restrictions.
- We have documented complete resolution of symptoms attributed to the recent concussion, that your child is off all medications to treat the concussion, normal neurological examination, evidence of neurocognitive recovery, and that your child does not need concussion related Academic Adjustments at school.

Step 2 indicates:

- It is safe for your child to return to **full, unrestricted Return-to-Play** based on the fact that they did not develop recurrence of concussion related symptoms and/or did not need repeat Academic Adjustments during the Return-to-Play protocol.

Other Information:

- Medical clearance at this time does not guarantee against future concussions or injury, and/or potential adverse outcomes.
- You have been counseled that your child is at increased risk of having another concussion in the future. If your child suffers a blow to the head or body and develops symptoms of a concussion, he/she should immediately stop physical activity and consult a medical professional. Symptoms of a concussion may include headache, nausea, vomiting, mental foginess, confusion, and dizziness. Your child has been educated about the signs and symptoms of concussion and the importance of honestly reporting symptoms should another injury occur.
- You and/or your child have also been counseled regarding the following key points:
 - Currently, there is no evidence to accurately predict the long-term outcome of concussions; yet, medical research has indicated that multiple concussions can have a negative, cumulative effect on brain function with advancing age.
 - Therefore, ongoing participation in sports should be carefully considered while taking into account the potential risks of severe brain injury in any sport regardless of prior concussion.
 - The final decision for continued participation ultimately rests with the family.

Patient Name: _____

Parent Signature: _____

(If ≤ 18 years old)

Date: _____

Patient Signature: _____

(If ≥ 18 years old)

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