

PHYSICIAN CONCUSSION EVALUATION FORM

Pascack Hills Sports Medicine
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Date: _____

Dear Physician:

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

At the direction of our school physician, Dr. Michelle Mayer, and adopted by the Pascack Valley Regional High School Board of Education, Pascack Hills High School follows the concussion guidelines set forth by the Zurich Concussion Consensus Statement¹ and the NJSIAA as follows:

Return to Play Guidelines

Concussed athletes may return to play when he/she meets the following criteria:

1. Asymptomatic for 24 hours (with no use of medications to mask headache or other symptoms) A longer rest period may be dictated upon cessation of symptoms
2. Completes the Zurich Activity Progression (see below) once asymptomatic and medically cleared to do so.

The asymptomatic period for any concussion may be extended at the discretion of the Pascack 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 Sports as follows (once they have completed an asymptomatic 24 hours):

- Step 1: Normal Cognitive Activities (Full day of school, watching sports)
- Step 2: Light Aerobic Exercise (ie: walking, stationary bike, elliptical)
- Step 3: Sports-Specific Exercise (Moderate intensity exercise)
- Step 4: Non-contact practice activities (Begin agilities, passing drills, etc.)
- Step 5: Full contact practice activities.
- Step 6: Full game play

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.

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

Ben Chianchiano MS, LAT, ATC, CSCS
Head Athletic Trainer – Pascack Hills High School
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Fax-(201)-358-7032

References:

- 1 McCrory et al. Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport. *Journal of Athletic Training*, 2009; 44(4) : 434-448.
- 2 New Jersey State Interscholastic Athletic Association Medical Advisory Board. *NJSIAA Policy Statement*, April 2010.

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.

Students Name: _____

Date: _____

Physician's Diagnosis: _____

Return to Activity. Please check one:

I agree this athlete did not sustain a concussion and is cleared for unrestricted sports **WITHOUT** progressing through the protocol stated in this document.

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

1. Asymptomatic for 24 hours (with no use of medications to mask headache or other symptoms)
2. Completion of Zurich Activity Progression. This may begin once the athlete is asymptomatic for at least 24 hours.

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: _____