PHYSICIAN HEAD INJURY EVALUATION FORM

Rutgers Preparatory School Athletic Training
Tim Seminerio, ATC
Susan Paterson, ATC
Chris Loy, ATC
Phone: (732) 545-5600 x275
Fax: (732) 435-8448

Date: _____

Dear Physician:
_____ has sustained a suspected head injury while participating in _____ at Rutgers Preparatory School and has been referred to a physician for evaluation.

Rutgers Preparatory School follows the concussion guidelines set forth by the Amsterdam Concussion Consensus Statement and the NJSIAA as follows:

Return to Play Guidelines

Concussed athletes may return to play when they meet the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completes the Amsterdam Activity Progression (see below).
3. ImPACT scores return to within normal limits of baseline *(if applicable)*.

Any loss of consciousness will be managed on an individualized basis as approved by the supervising physician.

Individuals with symptoms lasting more than four weeks will be sent back to the physician for further evaluation.

Athletes who hand in physician clearance notes inconsistent with this policy may be asked to seek a second opinion.

ImPACT Testing

For all Upper School and Middle School sports we require pre-season baseline neurocognitive testing using the ImPACT® (Immediate Post Concussion Assessment and Cognitive Testing) software program to assist in the management of head injuries. The 20-minute program is set up in a “video-game” format. It tracks neurocognitive information such as memory, reaction time, brain processing speed and concentration. We may 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.

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Amsterdam Return to Activity Progression

We follow a stepwise activity progression based on recommendations in the Amsterdam Consensus Statement from the 6th International Congress on Concussion in Sport as follows:

***** Steps 1-3 may begin while symptomatic, but the individual cannot progress to the next step if there are any exacerbation of symptoms.

Step 1: Begin daily activities (walking, school, work) that do not exacerbate symptoms. May begin within 24 hours of injury.

Step 2: Light to moderate aerobic activity (stationary biking or treadmill at slow to medium pace).

- **Step 2A:** Light aerobic exercises, up to approximately 55% max heart rate
- **Step 2B:** Moderate aerobic exercise, up to approximately 70% max heart rate

Step 3: Individual sport-specific or functional exercise (running, change of direction, and/or training drills).

***** Steps 4-6 can only begin after the full resolution of any symptoms, abnormalities in cognitive functions, and any other clinical findings related to the current concussion, including with and after physical exertion. Must have full physician clearance.

Step 4: Non-contact high intensity training drills/practice activities.

Step 5: Full contact practice

Step 6: Full game play

Each step is separated by at least 24 hours. If there is an increase in symptoms during Steps 1-3 or if any symptoms occur during Steps 4-6, the athlete will drop back to the previous step 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 us.

Sincerely,

Tim Seminerio, ATC
Susan Paterson, ATC
Chris Loy, ATC

For the Physician: Please indicate your diagnosis and treatment plan on the following page. Thank you.

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Athlete's Name: _____

Date: _____

Physician's Diagnosis: _____ No Concussion, cleared to return to all physical activities

_____ Concussion

Return to Activity

If athlete sustained a concussion, please check one:

___I agree the athlete is cleared for unrestricted sports once they meet the criteria outlined in this policy. This includes:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completion of Amsterdam Activity Progression.
3. ImPACT scores return to within normal limits of baseline *(if applicable)*.

___I have different recommendations beyond the above recommendations (please specify).

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

Additional comments:

I hereby certify that I have received training in the evaluation and management of concussions. (N.J.S.A. 18a:40-41, 4)

Signature of physician _____MD, DO (circle one)

Printed name of physician: _____

Office address of physician: _____

Telephone: _____

Please return this form to the Athletic Training Office