Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (http://www.cdc.gov/concussion/index.html) as well as the NCHSAA Concussion Return to Play Form. 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. Medical providers, please initial any recommendations you select.

Athlete's Name _____ Date of Birth _____
School _____ Team/Sport _____

HISTORY OF INJURY

Person Completing Form (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent | Student

Date of Injury _____

□ Please see attached information □ Please see further history on back of form

Did the athlete have:	Circle one	Duration/Resolution
Loss of consciousness or unresponsiveness?	YES | NO	Duration _____
Seizure or convulsive activity?	YES | NO	Duration _____
Balance problems/unsteadiness?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Dizziness?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Headache?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Nausea?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Emotional Instability (abnormal laughing, crying, smiling, anger?)	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Confusion?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Difficulty concentrating?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Vision problems?	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO
Other _____	YES | NO	IF YES, HAS THIS RESOLVED? YES | NO

SIGNATURE _____ **DATE** _____

MEDICAL PROVIDER RECOMMENDATIONS This return to play (RTP) plan is based on today's evaluation.

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.**
3. 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.

SCHOOL (ACADEMICS) □ May return to school now □ May return to school on _____ □ Out of school until follow-up visit

PHYSICAL EDCUATION □ 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 medical provider for final clearance to return to competition
□ Cleared for full participation in all activities without restriction

Physician Name (please print) _____ MD or DO

Office Address _____

Phone Number _____

Signature (Required)_____

Date _____

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. (Please see right side)

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

_____

Gradual Return to Play Plan (Sample): 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. 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, and return to the first level once symptom free.

Day 1: Low levels of physical activity (i.e. symptoms do not return 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, non-contact sport specific drills (agility – with 3 planes of movement).
Day 4: Non-Contact, sports-specific practice.
Day 5: Full contact in controlled drill(s) or practice.
Day 6: Return to competition.