WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

# Return to Practice and Competition for Athletes with a Suspected Concussion

**Youth Athlete Name**_____ **D.O.B.:** _____

**School/Organization:**_____

**Injury Date:** _____ **Sport/Activity:** _____

**Required Steps for Return to Practice and Competition: Initial each box that youth athlete has:**

☐ Returned to baseline at rest for any concussion signs or symptoms

☐ Returned to all school and social activities (return to learn)

☐ Completed a multi-day medically supervised graduated return to play protocol

Was pre-season baseline neuropsychological testing completed? ☐ Yes ☐ No

If "Yes", who performed the baseline testing? _____

If "Yes", when was the baseline testing performed? _____

If "Yes", was post-injury neuropsychological testing completed? ☐ Yes ☐ No

A. If "Yes", who performed the post-injury testing? _____

B. When was the post-injury testing performed? _____

C. Did the post-injury testing return to pre-season baseline? ☐ Yes ☐ No

Meeting all of the above required and necessary steps for releasing a youth athlete for unrestricted return to practice and competition does not encompass all aspects of medical decision making for this injury. The healthcare provider must additionally consider many modifiers and situations unique to the youth athlete in making the clearance decision.

**This youth athlete is cleared to return to full practice and play as of today.**

Name of Licensed Healthcare Provider (MD, DO, ARNP, PA-C, LAT) *(Print)*: _____

Signature of Licensed Healthcare Provider:_____ Date:_____

Date of last youth athlete visit: _____

Contact number/email of Licensed Healthcare Provider: _____

**I have reviewed the process documented above for this youth athlete to verify the required and necessary steps for unrestricted return to practice and competition have been completed.**

Name of Athletic Director: _____

Signature of Athletic Director: _____

Date form signed by Athletic Director: _____

**Resources:**

5th International Consensus Statement on Concussion in Sport and Sideline Concussion Assessment Tool Version 5 (SCAT5)

- https://bjsm.bmj.com/content/bjsports/51/11/838.full.pdf (accessed 02/26/19)
- https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf (accessed 02/26/19)
- Return to Learn https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf (accessed 02/26/19)
- https://www.cdc.gov/headsup/basics/return_to_school.html (accessed 02/27/19)
- http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full.pdf+html (accessed 02/27/19)

**Graduated Return to Learn/School Example (from SCAT5)**

## Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

**Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.**

| Mental Activity | Activity at each step | Goal of each step |
|---|---|---|
| 1. Daily activities that do not give the athlete symptoms | Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up. | Gradual return to typical activities. |
| 2. School activities | Homework, reading or other cognitive activities outside of the classroom. | Increase tolerance to cognitive work. |
| 3. Return to school part-time | Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day. | Increase academic activities. |
| 4. Return to school full-time | Gradually progress school activities until a full day can be tolerated. | Return to full academic activities and catch up on missed work. |

If the athlete continues to have symptoms with mental activity, some other accomodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

**The athlete should not go back to sports until they are back to school/ learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.**

**Graduated Return to Play Example (from SCAT5)**

## Graduated Return to Sport Strategy

| Exercise step | Functional exercise at each step | Goal of each step |
|---|---|---|
| 1. Symptom-limited activity | Daily activities that do not provoke symptoms. | Gradual reintroduction of work/school activities. |
| 2. Light aerobic exercise | Walking or stationary cycling at slow to medium pace. No resistance training. | Increase heart rate. |
| 3. Sport-specific exercise | Running or skating drills. No head impact activities. | Add movement. |
| 4. Non-contact training drills | Harder training drills, e.g., passing drills. May start progressive resistance training. | Exercise, coordination, and increased thinking. |
| 5. Full contact practice | Following medical clearance, participate in normal training activities. | Restore confidence and assess functional skills by coaching staff. |
| 6. Return to play/sport | Normal game play. | |

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

**Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.**