MSHSAA Concussion Return to Play Form

If diagnosed with a concussion, an athlete must be cleared for progression to activity by an approved healthcare provider, MD/DO/PAC/LAT/ARNP/Neuropsychologist (**Emergency Room physician cannot clear for progression**).

Athlete's Name: _____ DOB: _____ Date of Injury: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____ Return to School On (Date): _____

The following are the return to physical activities recommendations at the present time:

- □ Diagnosed with a concussion: Cannot return to physical activity, sport or competition (must be re-evaluated).
- □ Diagnosed with a concussion: May return to sports participation under the supervision of your school's administration after completing the return to play protocol (see below).
- □ Not diagnosed with a concussion. Patient has diagnosis of _____ and MAY/MAY NOT return to play at this time.

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Specialty: _____

Evaluator's Signature: _____

Evaluator's Address: _____

Return to Play (RTP) Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school's policies and procedures, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete. After the student has not experienced symptoms attributable to the concussion for a **minimum of 24 hours** and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

Step 1: Light cardiovascular exercise.
Step 2: Running in the gym or on the field. No helmet or other equipment.
Step 3: Non-contact training drills in full equipment. Weight-training can begin.
Step 4: Full, normal practice or training (a walk-through practice does not count as a full, normal practice).
Step 5: **Full participation.** Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms returned.

Return to Play Protocol (Steps 1-4) Completed (Date/Signature): _____

Cleared for Return to Play (Step 5) by: _____ **Date:** _____

I accept responsibility for reporting all injuries and illnesses to my school and medical staff (athletic trainer/team physician) including any signs and symptoms of a CONCUSSION.

Signature of Student Athlete: _____ **Date:** _____

May be advanced back to competition after phone conversation with the healthcare professional that evaluated the athlete (MD/DO/PAC/LAT/ARNP/Neuropsychologist) and documented above.

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). 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.