



UHSAA Concussion Instructions and Return to Play Clearance Form

To: Parent/Guardian:

From: _____, **at** _____ **High School**

Name of School Representative

Name of School

Position of School Representative

Phone Number of School Representative

Your child/ward may have sustained a concussion, and by policy has been removed from play until he/she has been medically cleared to return to play by a qualified health care professional.

It is not within our purview to dictate how or by whom your child/ward should be managed medically. The following have been adapted from guidelines published by the National Athletic Trainer’s Association and serve as general guidelines only for immediate management during the first 24 hours:

It is OK to

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck as needed for comfort
- Eat a carbohydrate-rich diet
- Go to sleep
- Rest (no strenuous activity or sports)

There is NO need to

- Check eyes with flashlight
- Wake up frequently (unless otherwise instructed)
- Test reflexes
- Stay in bed

Do NOT

- Drink alcohol
- Drive a car or operate machinery
- Engage in physical activity (eg, exercise, weight lifting, physical education, sport participation) that makes symptoms worse
- Engage in mental activity (eg, school, job, homework, computer games) that makes symptoms worse

Do Monitor for Significant Changes:

Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:

- | | |
|---|---|
| Persistent or projectile vomiting | Slurred speech or inability to speak |
| Unequal pupil size | Can’t recognize people or places – increasing confusion |
| Difficulty in being aroused | Weakness or numbness in the arms or legs |
| Clear or bloody drainage from the ear or nose | Unusual behavior change – increasing irritability |
| Continuing or worsening headache | Loss of consciousness |
| Seizures | |

Improvement

The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily, is that he/she is alert and behaving normally.

Contact your health care provider

Before returning to physical activities, contact your health care provider for evaluation. Use the attached form to help your health care provider determine if your child sustained a concussion and when your child/ward is fully recovered and able to resume normal activities, including sports.

Talk to your health care provider about the following:

- Management of symptoms
- Appropriate levels of school activity or the need for reducing academic coursework for a temporary period of time
- Appropriate levels of physical activity

Return clearance form prior to returning your child to play

Before your child will be allowed to return to play, you will need to return the attached “Concussion Return to Play Clearance Form” signed by your care provider to the school.



UHSAA Concussion Instructions and Return to Play Clearance Form

To: Health Care Provider

This form has been developed in order to provide a uniform method for health care professionals to provide a written release for student/athletes to return to play after having suffered a concussion or having demonstrated signs, symptoms, or behaviors consistent with a concussion and having been removed from competition or practice as a result.

As of May 2011, Utah State Law requires that a child suspected of having sustained a concussion be removed from sporting events and prohibited from returning to play until that child has been evaluated by an appropriate health care provider.

The law requires the following of the health care provider:

- Provide the amateur sports organization with a written statement, stating that within 3 years before the day on which the written statement is made that they have successfully completed a continuing education course in the evaluation and management of concussion.
- Provide the amateur sports organization written clearance that the child is cleared to resume participation in the sporting event of the amateur sports organization

While this form does not presume to dictate to professionals how to practice medicine, the guidelines for return to play from a concussion do represent consensus expert opinion from national and world leaders in sport concussion management.^{1,2} The components of this form are intended to address concerns of coaches, parents, student/athletes, administrators, and healthcare professionals regarding written clearance from a health care professional for a concussed student/athlete to return to play.

In order to maintain compliance with the law, our organization requests that the healthcare provider utilize this form in granting medical clearance to return to sporting events.

If the student athlete is not yet appropriate to return to competition or advance through the return to play protocol, do not fill out the clearance form. Rather, provide a separate written statement of this medical recommendation. Please consider using the last page on this document as a medical letter of support of academic accommodation.

SUGGESTED PRINCIPLES IN CLEARING A STUDENT/ATHLETE TO RETURN TO PLAY

- *Recovery from concussion and progression through the Return-to-Play stages is individualized and determined on a case by case basis.* Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity in which the student/athlete participates. Student/athletes with a history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- **It is expected that a student-athlete has successfully and completely reintegrated back to school prior to returning to competition**
- The following table is adapted from the 5th International Conference on Concussion in Sport¹ and provides the framework for the return to play protocol.
- It is expected that student/athletes will start in stage 1 and remain in stage 1 until symptom free. Under the guidance of a qualified health care provider, symptom limited physical exertion may be started prior to reaching symptom free status.
- The patient may, under the direction of a health care professional, progress to the next stage only when the assessment battery has normalized. The assessment battery may include any or all of the following:
 - a. Symptom assessment
 - b. Cognitive assessment with computerized or other appropriate neuropsychological assessment
 - c. Balance assessment along with general neurologic examination.



UHSAA Concussion Instructions and Return to Play Clearance Form

- It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
- Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6.
- There may be circumstances, based on an individual's concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional.
- Each athlete with a concussion shall be personally evaluated by an appropriate health care professional at least one time during this process.
- When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by an appropriate health care professional or recognized concussion management program, a clearance may be obtained from the individual designated on this form if authorized by the managing health care professional.
- A completed *Concussion Return to Play Clearance Form* indicating the student is medically released to return to full competition shall be provided to school officials prior to a student who has been removed from a contest or practice for a suspected concussion, being allowed to return to play.

GRADUATED RETURN TO PLAY PROTOCOL ¹		
Stage	Functional Exercise or Activity	Objective
1. Symptom-limited activity after 24-48 hours of relative physical and cognitive rest Date Tested: _____	Activities of Daily Living (ADLs) that do not provoke symptoms. When Indicated, cognitive rest followed by gradual reintroduction of schoolwork.	Gradual reintroduction of work/school activities Date Cleared: _____ Initial: _____
2. Light Aerobic Physical Activity Date Tested: _____	Non-impact aerobic activity (e.g. swimming, stationary biking) at <70% estimated maximum heart rate (slow to medium pace) for up to 30 minutes as symptoms allow.	Increase heart rate, maintain condition, assess tolerance of activity Date Cleared: _____ Initial: _____
3. Moderate aerobic physical activity and Non-contact training drills at half speed Date Tested: _____	Non-contact sport specific drills at reduced speed; Aerobic activity at 70-85% estimated maximum heart rate; light resistance training (e.g. weights at <50% previous max ability)	Begin assimilation into team dynamics, introduce more motion and non-impact jarring Date Cleared: _____ Initial: _____
4. Non-contact training drills at full speed Date Tested: _____	Regular Non-contact training drills; aerobic activity at maximum capacity including sprints; regular weight lifting routine. As part of this stage, return to regular school activities has also been accomplished.	Ensure tolerance of all regular activities short of physical contact and academic work. Date Cleared: _____ Initial: _____
5. Full Contact Practice Date Tested: _____	Full Contact Practice	Assess functional skills by coaching staff, ensure tolerance of contact activities Date Cleared: _____ Initial: _____
6. Return to Play	Regular game competition	

References

1. McCrory P, Meeuwisse W, Dvorak J, Aubry M, Bailes J, Broglio S, et al.: Consensus statement on concussion in sport-the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017;51:838-847
2. Broglio SP, Cantu RC, Gioia GA, et al. National Athletic Trainers' Association position statement: management of sport concussion. J Athl Train. 2014;49(2):245-265.



UHSAA Concussion Instructions and Return to Play Clearance Form

Student/Athlete Name

School

Date of Birth

*Name of School Representative**

*Position of School Representative**

*Phone Number of School Representative**

Date of Injury

Date of Initial Exam

**The school representative is the individual from the school who provided this form to the student athlete and is familiar with the student/athlete and this incidence of injury.*

After reviewing the available medical facts, it is my opinion the above named athlete did NOT sustain a concussion on the date of injury noted and is medically released to return to play in the above sport.

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me. **The athlete has completed the return to play protocol including successful return to regular schoolwork activities and is cleared to return to competitive play as of this date.**

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me. **This athlete is not medically released for participation. Athlete may advance through return to play protocol (see page 3) under supervision of school designated personnel up to level 4 as tolerated but must be re-evaluated by me prior to participating in level 5 or 6 activities.**

The above named athlete did sustain a concussion on the date of injury noted, **has recovered but has not progressed through the return to play protocol.** The athlete is therefore medically released to continue to advance activities per the graduated return to play protocol (see table on page 3). Ideally, the student- athlete's progress through the stages will be monitored by a licensed athletic trainer. When a licensed athletic trainer is not available the athlete is to be monitored in their progress through each stage by a responsible adult who at a minimum:

- a. has been trained in the recognition of signs and symptoms of concussion
- b. will have consistent contact with the student/athlete
- c. and is familiar with the *Return to Play Protocol* and stages

The individual responsible for monitoring the progress of the student-athlete through the stages of the *Return to Play Protocol* should consult with the managing health care professional when necessary and shall consult (may be in person, by phone or e-mail) with the managing health care professional prior to the release of the student/athlete to return to play.

Person responsible for monitoring progress

Date graduated return to play may begin

I certify that I have consulted with the managing health care professional named on this form and have received a medical release from the managing health care professional for the athlete named herein to return to play in the sport indicated.

Signature of person responsible for monitoring progress

Date step 5 completed asymptotically

By signing this form the health care professional is certifying that, per Utah code, they are a licensed health care provider practicing within their scope of practice, and have within 3 years of this date completed a continuing education course in the evaluation and management of concussion. The signature invokes the condition checked above.

Health Care Professional Signature

Date of medical clearance

Date signed

Health Care Professional Name (printed or typed)

Office phone

Health Care Professional Office Address



UHSAA Concussion Instructions and Return to Play Clearance Form

Return to School Recommendations for _____, dated _____:
Student/Athlete Name *Date*

In the early stages of recovery after a concussion, increased cognitive demands, such as academic coursework, as well as physical demands may worsen symptoms and prolong recovery. Accordingly, a comprehensive concussion management plan will provide appropriate provisions for adjustment of academic coursework on a case by case basis.

Please ensure that teacher(s) and administrator(s) are aware of your injury and symptoms. School personnel should be instructed to watch for:

- Increased problems with paying attention, concentrating, remembering, or learning new information
- Longer time needed to complete tasks or assignments
- Greater irritability, less able to cope with stress
- Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

Until fully recovered, the following supports are recommended: (check or initial all that apply)

- May return immediately to school full time.
- Not to return to school. May return on (date) _____
- Return to school with supports as checked below. Review on (date) _____
- Shortened day. Recommend _____ hours per day until (date) _____
- Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Reduce homework load by _____%.
- Maximum length of nightly homework: _____ minutes.
- No significant classroom or standardized testing at this time.
- No more than one test per day.
- Take rest breaks during the day as needed.
- Allow the student to leave class a few minutes early to avoid excessive stimulation from noisy hallways
- Other: _____

Under no circumstances should a student-athlete be permitted to return to contact activities at practice or competition if they have not successfully reintegrated back to school, or if they are continuing to require extra accommodations in school that were not previously part of a student 504 or IEP plan.

Health Care Professional Signature

Date signed

Health Care Professional Name (printed or typed)

Office phone

Health Care Professional Office Address