

SAMPLE MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION

This release is to certify that _____ has been examined
(Student-athlete's name)

due to experiencing the signs, symptoms and behaviors consistent with a concussion. Following an examination, it is my medical opinion that he/she:

_____ **Is unable to return to any participation in athletics until further notice.**

Return appointment scheduled on the following date _____

_____ **May return to limited participation in athletics on** _____
(Restrictions are noted below) (Date)

_____ **May return to full participation in athletics on** _____
(Date)

Restrictions: _____

Appropriate Health Care Provider's Name (Type or print) **Date**

Appropriate Health Care Provider's Signature **Phone Number**

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following their concussion as per the instructions detailed above.

Parent's or Guardian's Signature **Date**

Parent's or Guardian's Home Phone # Parent's or Guardian's Work Phone #

STEPWISE (GRADUAL) RETURN TO PLAY PROTOCOL FOLLOWING A CONCUSSION

Return to participation following a concussion is a medical decision. Medical experts in concussion believe a concussed athlete should meet all of the following criteria in order to progress to return to activity:

- ▶ **Asymptomatic at rest, and with exertion (including mental exertion in school), AND have written clearance** from an appropriate health care professional.
- ▶ Once the criteria in #1 are met, **the athlete should progress back to full activity following the stepwise process** detailed below. An appropriate health care professional, or their designee, should closely supervise this progression.
- ▶ **Progression to return is individualized and should 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 history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by an appropriate health care professional, or their designee.

Step 1. Complete physical and cognitive rest. No exertional activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2. Return to school full-time.

Step 3. Low impact, light aerobic exercise. This step should not begin until the athlete is no longer having concussion symptoms and is cleared by the treating primary health-care provider or concussion specialist for further activity. At this point the athlete may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

Step 4. Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

Step 5. Non-contact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.

Step 6. Following medical clearance, full contact practice or training.

Step 7. Normal competition in a contest.

NOTE: Generally, each step should take a minimum of 24 hours. **If post concussion symptoms occur at ANY step, the athlete must stop the activity and their health care provider should be contacted.** If any post-concussion symptoms occur during this process the athlete should drop back to the previous asymptomatic level and begin the progression again after an additional 24-hour period of rest has taken place.

References: "Suggested Guidelines for Management of Concussion in Sports," NFHS Sports Medicine Advisory Committee 2009; "Consensus Statement on Concussion in Sport 3rd International Conference in Sport Held in Zurich, November 2008," Clinical Journal of Sports Medicine, Volume 19, Number 3, May 2009.