MSHSAA Concussion Return to Play Form

If diagnosed with a concussion, a student must be cleared for progression to activity by the following approved licensed healthcare providers (MD/DO/PAC/AT/ARNP/Neuropsychologist). **However, the student cannot be cleared to start progression from Emergency Department/Urgent Care visit alone.**

All students participating in sports, as well as spirit activities and marching band, who are diagnosed with a concussion MUST complete the entire return to play protocol before returning to competition.

Student's Name: _____DOB: ____/_____/____ Date of Injury: ____/_____/____

THIS RETURN TO PLAY RECOMMENDATION 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: May start activity outlined in the protocol but may not progress beyond step 2 until further clearance from our office is provided

☐ Diagnosed with a concussion: May return to sports/activities 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 currently.

Medical Office Information (Please Print/Stamp):

Evaluator's Name**:** _____Office Phone: _____

Evaluator's Address: _____

Evaluator's Specialty: _____

Evaluator's Signature: _____

Return to Play (RTP) Procedures After a Concussion (See page 2 for protocol)

Return to activity/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. A student 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 professional who has evaluated the student.

Research has demonstrated that earlier return to light cardiovascular exercise can help in recovery. Light cardiovascular activity (Step 1 of protocol) that does not worsen symptoms is encouraged as soon as 24 hours after the injury. The student may not progress beyond step 2 until they have been free of all concussion symptoms for at least 24 hours.

Return to Play Protocol

- Step 1 and 2 may be performed while still experiencing symptoms, **however, symptoms should not increase more than 2 points on a scale of 1-10 during or after activity and should not stay increased for longer than an hour.**
- Step 1 may be started no earlier than 24 hours after the concussion.
- Students must spend a minimum of 24 hours at each step before advancing to the next.
- **Students may not start step 3 until they are no longer experiencing concussion symptoms with exercise, daily activity, or academics**.
- The Protocol may be directed by the following licensed healthcare professionals: a physician (MD/DO), Certified Athletic Trainer, Physician Assistant, nurse practitioner, or a neuropsychologist trained in sport concussion management.
- The student **may not** advance to the next step if they have worsening symptoms exercising on the step they are currently completing.

Step 1: Light cardiovascular activity (such as a brisk walk, easy jog, or stationary bike) as prescribed by a licensed healthcare professional.
Step 2: Moderate cardiovascular activity (increased intensity from step 1) and light resistance training that does not result in more than mild and brief exacerbation of symptoms

**** The student can only progress to Step 3 once they no longer have symptoms from the concussion with daily activity, academics and physical activity from Steps 1 and 2. ****

Step 3: Individual Sport-specific agility drills in three planes of movement. These activities shouldn't pose a risk of head trauma (such as ballhandling, dribbling a soccer ball, etc). Normal resistance training can start.

Step 4: Participate in non-contact training drills. Warm-up and stretch 10 minutes. Intense sport-specific activity/non-contact practice and agility drills for 30-60 minutes.

Step 5: Participate in full practice. If in a contact sport, contact practice is allowed. A walk-through practice does not count as a full practice.
Step 6: Resume full, unrestricted participation in competition.

By signing below, I attest that I have directed the above-named student's return to play protocol through Step 5. They are now considered cleared to full participation in competition in step 6.

_____ Date: _____

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist

Please Print Name _____

Prior to returning to full participation with step 6, the student must sign below.

I certify that I am free of all signs and symptoms of a CONCUSSION.

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

Print Name: _____ **DOB:** _____