

Concussion Return to Play Form

NCHSAA Guidelines

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site. 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. Please initial the blank beside any recommendations that you select.

Athlete's Name _____

DOB: _____ AGE: _____

Date: _____ ID/MR# _____

Date of Injury: _____

Medical Office Information (Please Print/Stamp)

Physician's Name _____

Physician's Office Phone _____

Office Address _____

This return to play plan is based on today's evaluation.

Return to this office. Date/Time _____

Care plan completed by: _____

Return to school on (date) _____

- 1. You should never return to play or practice if you still have ANY symptoms.**
2. Be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

Return to Sports

The following are the return to sports recommendations at the present time.

_____ Do not return to PE class at this time.

_____ May return to PE class

_____ Do not return to sports practice or competition at this time.

_____ Gradual return to sports practices under the supervision of the health care provider for your school or team (e.g. Athletic Trainer, Coach, or Physical Education Teacher)

Treating Physician's Signature _____

Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually. This return to play plan is based on today's evaluation.

Gradual Return to Play Plan

1. Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).
2. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).
3. Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).
4. Full contact in a controlled drill or practice.
5. Return to competition