

Concussion Evaluation/Return to Play (RTP) Form

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the Gfeller-Waller Concussion Clearance - NCHSAA Return to Play Form.)

Patient/Athlete Name: _____ **Date of Birth** ____/____/____
School: _____ **Team/Sport** _____

A. Injury History
 Date/Time of Injury _____ Reporter: ___ Patient ___ Parent ___ Physician ___ Coach ___ ATC
 Description of the Event/Injury: _____

1a. Is there evidence of a forcible blow to the head (direct or indirect)? ___ Yes ___ No ___ Unknown
 1b. Location of Impact: ___ Frontal ___ Lt Temporal ___ Rt Temporal ___ Lt Parietal ___ Rt Parietal ___ Occipital ___ Neck ___ Indirect
 2. **Amnesia Before (Retrograde)** Are there any events just BEFORE the injury that you/ athlete has no memory of (even brief)? No ___ Yes ___ Duration _____
 3. **Amnesia After (Anterograde)** Are there any events just AFTER the injury that you/ athlete has no memory of (even brief)? No ___ Yes ___ Duration _____
 4. **Loss of Consciousness:** Did you/ athlete lose consciousness or "blackout?" No ___ Yes ___ Duration _____
 5. **EARLY SIGNS:** ___ Appears dazed or stunned ___ Is confused about events ___ Answers questions slowly ___ Repeats Questions ___ Forgetful (recent info)
 6. **Seizures:** Were seizures observed? No ___ Yes ___ Details _____

B. Symptom Check List* Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?
 Indicate presence of each symptom (0=No, 1=Yes). *Lovell & Collins, 1998 JHTR

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual
Balance Problems	0 1	Difficulty remembering	0 1	Trouble falling asleep
Dizziness	0 1	COGNITIVE Total (0-4) _____		SLEEP Total (0-4) _____
Visual Problems	0 1	EMOTIONAL (4)		Exertion: Do these symptoms <u>worsen</u> with: Physical Activity ___ Yes ___ No ___ N/A Cognitive Activity ___ Yes ___ No ___ N/A Overall Rating: How <u>different</u> is the person acting compared to his/her usual self? (circle) Normal 0 1 2 3 4 5 6 Very Different
Fatigue	0 1	Irritability	0 1	
Sensitivity to light	0 1	Sadness	0 1	
Sensitivity to noise	0 1	More emotional	0 1	
Numbness/Tingling	0 1	Nervousness	0 1	
PHYSICAL Total (0-10) _____		EMOTIONAL Total (0-4) _____		
Total Symptom Score Score (Add Physical, Cognitive, Emotional, Sleep totals)				

C. Risk Factors for Protracted Recovery (check all that apply)

Concussion History? Y ___ N ___	Headache History? Y ___ N ___	Developmental History	Psychiatric History
Previous # 1 2 3 4 5 6+	Prior treatment for headache	Learning Disabilities	Anxiety
Longest symptom duration Days ___ Weeks ___ Months ___ Years ___	History of migraine headache ___ Personal ___ Family _____	Attention-Deficit/ Hyperactivity Disorder	Depression
If multiple concussion, less force caused reinjury? Yes ___ No ___		Other developmental disorder	Sleep Disorder
			Other Psychiatric disorder

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures)

D. Medical Provider Recommendations (to be completed by a medical provider) * SEE EXAMPLE ON REVERSE FOR RTP PROGRESSION

Please Note **1. Athletes are not allowed to return to practice or play the same day that their head injury occurred.**
2. Athletes should never return to play or practice if they still have ANY symptoms.
 3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms and has the contact information for the treating physician.

SCHOOL (ACADEMICS) May return to school now May return to school on ____/____/____ Out of school until follow-up visit

PHYSICAL EDUCATION Do NOT return to PE class at this time May return to PE class Can return to PE class according to the RTP progression

SPORTS Do NOT return to practice or competition at this time.
 (check and initial all that apply) May start RTP progression under the supervision of the healthcare provider for your school or team
 May be advanced back to competition after phone conversation with attending physician
 Must return to medical provider for final clearance to return to competition
 Has completed a gradual RTP progression w/o any recurrence of symptoms & is cleared for full participation

Follow-Up Action Plan
 No Follow-Up Needed/Return to Play (RTP) only after completing the RTP progression
 Physician Clinician Office Monitoring: Date of next follow-up _____
 Referral: ___ ATC ___ Neuropsychological Testing ___ Physician (please list) _____ Emergency Department

Additional Comments/Instructions: _____

Medical Office Information (Please Print/Stamp)

Physician's Name _____ Physician's Signature _____ Date ____/____/____
 Office Address _____ Office Address _____

**Our organization reserves the right to hold an athlete longer than indicated by a physician note if he/she has not met Zurich-based criteria for a safe return-to-play as indicated in our concussion management plan.*

Name of Athlete: _____

Academic Recommendations (to be completed by a medical provider)

Following concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Activities such as reading, watching TV or movies, video games, working/playing on the computer and/or texting heavily stimulates the brain and can lead to prolonged symptom recovery. Therefore, immediately following a concussion mental rest is key. Student-athletes present a challenge as they will often have school the day following an injury. Healthcare providers need to consider if modifications to school activities should be made to help facilitate a more rapid recovery. Modifications that may be helpful follow:

Return to school with the following supports:

- Shortened Day. Recommended ____ 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.
- Lessen homework load to maximum nightly ____ minutes, no more than ____ min continuous.
- Lessen computer time to maximum ____ minutes, no more than ____ min continuous.
- No significant classroom or standardized testing at this time, as this does not reflect the patients true abilities.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.

Gradual Return to Play Progression Plan

Once the athlete is completely symptom-free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started. All players must complete a Return to Play progression that proceeds in a step-wise fashion with gradual, progressive stages. This begins with light aerobic exercise designed only to increase your heart-rate (e.g. stationary cycle), then progress to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. Monitoring of acute signs/symptoms during the activity, and delayed symptoms at 24 hours post-activity should be conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc) both during and in the minutes to hours after each stage. After supervised completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity. An athlete should ONLY be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom-free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to “re-start” twice, consultation with a healthcare provider is suggested. An example of a Return to Play progression is found below:

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No Activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	20-30 min walking/light jogging, swimming or stationary bike keeping intensity <70% maximum predicted heart rate. No resistance training.	Increased Heart Rate
3. Sport-specific exercise	30-45 minutes of cardio activity: Jogging 15-20min; body weight circuit-squats/pushups/sit-ups for 20sec x 3; agility ladder drills 5-8 min. No head impact activities. Goal 70-85% max HR.	Add Movement. Progressive increase in HR
4. Non-contact training drills	Progression to more complex training drills and workouts involving rotational head movement (e.g. passing drills in football). Warm up and stretch x 10min. Intense non-contact, sport specific agility drills x 60min. 60 yard (5,10,15 yd)shuttle run x 10 (@75% exertion with 1 min rest intervals) Goal 75% exertion. May resume weight lifting.	Exercise, coordination, and cognitive load. High exertion and load used to assess if athlete is ready for contact.
5. Full contact practice	Following medical clearance, participate in normal training activities. This CANNOT be GAME DAY.	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play.	