

Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site: <http://www.cdc.gov/concussion/index.htm> and the NCHSAA Concussion Return to Play 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. Medical providers please initial any recommendations you select.

Athlete's Name _____ Date of Birth _____
 School _____ Team/Sport _____

INJURY HISTORY Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent
 Date of Injury _____ Name of person completing form: _____ Please see attached information

Following the injury, did the athlete experience:	Circle one	Duration (write number, circle appropriate)	Comments
Loss of consciousness or unresponsiveness?	YES NO	_____ minutes / hours	
Seizure or convulsive activity?	YES NO	_____ minutes / hours	
Balance problems/unsteadiness?	YES NO	_____ hrs / days / weeks / continues	
Dizziness?	YES NO	_____ hrs / days / weeks / continues	
Headache?	YES NO	_____ hrs / days / weeks / continues	
Nausea?	YES NO	_____ hrs / days / weeks / continues	
Emotional Instability (abnormal laughing, crying, anger?)	YES NO	_____ hrs / days / weeks / continues	
Confusion?	YES NO	_____ hrs / days / weeks / continues	
Difficulty concentrating?	YES NO	_____ hrs / days / weeks / continues	
Vision problems?	YES NO	_____ hrs / days / weeks / continues	
Other	YES NO		

Describe the injury, or give additional details: _____

MEDICAL PROVIDER RECOMMENDATIONS (to be completed by a medical provider) This return to play (RTP) plan is based on today's evaluation.

RETURN TO SPORTS

PLEASE NOTE

1. Athletes are not allowed 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 after RTP progression

SPORTS (check all that apply) Do not return to sports practice or competition at this time.
 May start return to play progression under the supervision of the health care 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 gradual RTP progression (see reverse) w/o any recurrence of symptoms and is cleared for full participation

Additional comments/instruction: _____

Physician Name (please print) _____ MD or DO

Signature (Required) _____

Date _____

Office Address _____

Phone Number _____

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

- All NC public high school and middle school athletes must have an MD signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, **Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.**

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 test.
- Lesser homework load to maximum nightly ____ minutes, no more than ____ min continuous.
- Lesser 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 patient's 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 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 Protocol 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 progresses 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 completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity the following day. 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 protocol is found below:

STAGE	EXERCISE	DATE	COMPLETED/COMMENTS	SUPERVISED BY
1	20-30 min of cardio activity: walking, stationary bike. Weightlifting at light intensity (no bench, no squat): low weight, high reps. Goal: 30-40% of maximum HR			
2	30 min of cardio activity: jogging at medium pace. Sit-ups, push-ups, lunge walks x 25 each. Weightlifting at moderate intensity. Goal: 40-60% of maximum HR			
3	30 minutes of cardio activity: running at fast pace. Sit-ups, push-ups, lunge walks x 50 each. Sport-specific agility drills in three planes of movement. Resume regular weightlifting routine. Goal 60-80% of maximum HR			
4*	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, non-contact, sport-specific agility drills x 60 minutes. Goal 80-100% of maximum HR			
5	Participate in full contact practice.			
6	Resume full participation in competition.			

*Consider consultation with collaborating physician regarding athlete’s progress prior to initiating contact at Stage 5