

# ASAA Release for Student to Resume Participation Following a Concussion

## Note to Medical Providers

Only those medical providers, as defined in **AS 14.30.142**, may determine when an athlete is eligible to return to athletic and academic participation following a concussion or suspected concussion. The medical provider must attest in writing that they meet the minimum qualifications set by law. 1) If an athlete is removed from activity because of suspected concussion, but is found **not to have a concussion**, then appropriate return to play is determined by the health care provider. 2) National medical organizations recommend and school districts require **that ALL Student Athletes with a concussion successfully complete a supervised, progressive, incremental physical and cognitive exertion program** prior to resuming full athletic activities. This program does not begin until after all symptoms of the concussion have resolved. It is to take place over a minimum of 6 days, with at least 24 hours between each step. The rate of progression through the steps in the program is individualized. Factors that may slow the rate are history of previous concussions, number/severity/duration of concussive symptoms, young age, and risk of sport. Physical or cognitive activity that provokes recurrence of concussive symptoms may delay recovery and increase risk of future concussion. If symptoms recur at any step, then physical and cognitive activity stop for 24 hours and are then re-initiated at the previous step.

Day 0 - 24 hours without concussion symptoms during physical and cognitive rest.

**- If no return of symptoms, then:**

Day 1 - 15 Minutes of Light Aerobic Activity (Walk, Exercise Bike, Etc).

- Trial half day school. No homework. Not tests.

**- If no return of symptoms, then:**

Day 2 - 30 Minutes of Light to Moderate Aerobic Activity.

- Trial full day school. No homework. No tests.

**- If no return of symptoms, then:**

Day 3 - 30 Minutes of Moderate to Heavy Aerobic Activity

- Full day school. Regular homework assignments. No testing.

**- If no return of symptoms, then:**

Day 4 - 30 Minutes of Heavy Aerobic Activity and 15 Minutes of Resistance Exercise (Push-ups, Sit-ups, Weight Lifting).

- Full day school. Regular homework. Regular testing.

**- If no return of symptoms, then:**

Day 5 - Return to Practice for **NON CONTACT Limited Participation.**

**- If no return of symptoms, then:**

Day 6 - Return to Full Practice WITH CONTACT.

**- If no return of symptoms, then:**

Day 7 - Return to Competition

**Student Athlete's Name**

**Date of Concussion**

**Date of Birth**

**School**

Cleared to return following completion of graduated return to play program  Cleared  Not Cleared

I certify that I am a Medical Provider authorized under AS 14.30.142 to evaluate, manage, and determine return to play for an athlete with a concussion. Furthermore, I certify that I have followed ASAA's concussion return to play criteria.

**Signed**

**Print Name**

**Date**