# HEALTHCARE PROVIDER RELEASE CONCUSSION RETURN TO PLAY PROTOCOL

**Student Name:**_____

**Sport:**_____ **Date of Injury:**_____

**School:**_____

## NOTE TO HEALTHCARE PROVIDER

**Per AS 14.30.142, as amended, a student removed from participation in a practice or game due to suspected concussion may not return to play until they are evaluated and cleared by either:**

1. An Athletic Trainer, OR
2. A qualified individual who is currently trained in concussion evaluation and management.

**A "qualified person" is defined as one of the following:**

- A healthcare provider who is licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), (2), or (4)), OR
- A person acting under the direction and supervision of a licensed healthcare provider in Alaska, or someone exempt from licensure.

**According to ASAA:**

- An "Athletic Trainer" refers specifically to a Certified and Licensed Athletic Trainer.
- A "trained" provider is one who meets one of the following criteria:
    1. Has completed the online CDC Concussion Course for Clinicians (available at www.preventingconcussions.org) in the past two years, OR
    2. Completed 2 hours of continuing education (CE) or continuing medical education (CME) in Sports Concussion Management, OR
    3. Completed a one-year Sports Medicine Fellowship, obtained a Certificate of Added Qualifications in Sports Medicine, or completed a Residency in Neurology or Neurosurgery.

IF YOU DO NOT MEET THESE CRITERIA, PLEASE REFER THE STUDENT ATHLETE TO A HEALTHCARE PROVIDER WHO DOES

Following an initial period of relative rest (Step 1: approximately 24–48 hours following injury), clinicians can implement Step 2, (light Step 2A & then moderate Step 2B aerobic activity). The athlete may then advance to Steps 3–6 on a time course dictated by symptoms, cognitive function, examination findings and clinical judgement. Differentiating early activity (Step 1), aerobic exercise (Step 2) and individual sport- specific exercise (Step 3) as part of the treatment from the remainder of the RTP progression (Steps 4–6) can be useful for the athlete and their support network. Each step typically takes at least 24 hours. Clinicians and athletes can expect a minimum of 1 week to complete the full rehabilitation strategy, but typical unrestricted RTP can take up to 1 month.

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Return to Play (RTP) — each step typically takes a minimum of 24 hours. Initials indicate completion of step

| Step | Exercise Strategy | Activity at each step | Goal | Initial |
|---|---|---|---|---|
| 1 | Symptom Limited activity | Daily activities that do not Exacerbate symptons (ie. walking) | Gradual reintroduction school/work | |
| 2 | Aerobic Exercise 2A-light (55% max HR) then 2B-moderate (70% max HR) | Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms | Increase heart rate | |
| 3 | Individual sport specific Exercises. Note: If sport specific exercises involves risk of head impact medical clearance should occur prior to step 3 | Sport specific training away from the team environment. No activities at risk of head impact | Add movement, change of direction | |
| Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical finding related to the current concussion, including with and after physical exertion. | | | | |
| 4 | Non-contact training drills | Exercise to high intensity including more challenging training drills (ie passing, multiplayer drills), can Integrate into a team environment | Resume usual intensity of Exercise, coordination and Increased thinking | |
| 5 | Full Contact Practice | Participate in normal training | Restore confidence & assess functional skills by coaching staff | |
| 6 | Return to play | Normal game play | | |

Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

Additional Comments

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## THE CONCUSSED ATHLETE – to be completed by Healthcare Provider

_____Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol.

_____Student is cleared to begin ASAA's **Return to Play Protocol** with any modifications noted in comment section. This clearance is no longer effective if student's symptoms return and persist.

_____**Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol as described above. The athlete is medically eligible to return to competition.**

Please note any additional modifications to ASAA's Return to Play Protocol below [attach more pages if needed]:

## THE NON-CONCUSSED ATHLETE – to be completed by Healthcare Provider

_____Student has **NOT** sustained a concussion. The **Medical Diagnosis** which explains his/her symptoms is:_____

_____Student is cleared to return to full sports participation.

_____Student is cleared for limited participation with the following restrictions: _____

_____

By signing this form, I attest that I am a **Qualified Healthcare provider authorized under AS 14.30.142** and that I meet the ASAA definition of "Currently Trained" in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete's concussion.

_____

HCP Printed Name AK License Number

_____

Healthcare Provider Signature Date

The **Return to Play Protocol** incorporates an internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent indicate their understanding that the completion of the **Return to Play Protocol** is not a guarantee of safe return to athletic participation. The parent accepts the risk of additional injury in requesting and consenting to the athlete's return to athletic participation.

_____

Student Athlete Printed Name Student Athlete Signature Date

_____

Parent Printed Name Parent Signature Date