



## CONCUSSION RETURN TO PLAY FORM

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

This return to play plan is based on today's evaluation. Date of Evaluation: \_\_\_\_\_

Care Plan completed by: \_\_\_\_\_

Return to this office date/time: \_\_\_\_\_

Return to School date: \_\_\_\_\_

### RETURN TO SPORTS INFO:

1. Athletes should not return to practice or play the same day that their injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms – serious injury or death (although rare) can result.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms and have the contact information for the healthcare provider treating your concussion.

### Please initial:

\_\_\_\_\_ The athlete reports that he/she has no symptoms while participating in daily activities at this time.

\_\_\_\_\_ I have educated the athlete and parents/guardian about the dangers of returning to play before symptoms have cleared.

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**The following are the return to sports recommendations at this time:** (Please initial any recommendations selected)

### PHYSICAL EDUCATION CLASS:

\_\_\_\_\_ Do NOT return to PE class at this time. (See "Return to this office date/time" above.)

\_\_\_\_\_ Student MAY return to PE class after completion of Gradual Return to Play Plan (on back).

### SPORTS:

\_\_\_\_\_ Do NOT return to sports practice or competition at this time.

\_\_\_\_\_ May GRADUALLY return to sports **activities** following the Gradual Return to Play Plan described on the back, under the supervision of the healthcare professional for your school or team.

\_\_\_\_\_ May be advanced back to **competition** after successful completion of the Gradual Return to Play Plan described on the back and after a **phone conversation** with treating healthcare provider.

\_\_\_\_\_ Must **return to the treating healthcare provider** for final clearance to return to competition after completing the Gradual Return to Play Plan. (See "Return to this office date/time" above.)

\_\_\_\_\_ All steps of Return to Play Plan have been completed successfully. Cleared for full participation in all activities without restriction.

\_\_\_\_\_ No concussion suspected, cleared for full participation without a gradual return to play plan.



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Treating Healthcare Provider Information (Please print or stamp):

Provider's Name: \_\_\_\_\_ Provider's Office Phone: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Office Address: \_\_\_\_\_

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Please check:

Medical Doctor (MD) w/ concussion training       Clinical Neuropsychologist w/concussion training

Osteopathic Physician (DO)

### GRADUAL RETURN TO PLAY PLAN

Return to play should occur in gradual steps beginning with light 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 of activity. After completion of each step **without recurrence of symptoms and no pain medication**, 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 healthcare provider know, return to the first level of activity and restart the program gradually. This Gradual Return to Play process is for your own safety. Returning to play while still experiencing symptoms can result in serious injury or death. It is critical that you honestly report your symptoms to your doctor, coach and healthcare professional at the school.

#### GRADUAL RETURN TO PLAY PLAN:

"Day 1" means first day cleared to participate in Gradual Return to Play Plan, not first day after injury.

**Day 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).

**Day 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 (reduced time and or reduced weight from your typical routine).

**Day 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).

**Day 4:** Sports-specific practice.

**Day 5:** Full contact in a controlled drill or practice.

**Day 6:** Return to competition.

This form is adapted from the Acute Concussion Evaluation Care Plan on the Center for Disease Control and Prevention website

([www.cdc.gov/injury](http://www.cdc.gov/injury)) and the TN Return to Learn/Return to Play Concussion Management Guidelines

([https://www.tn.gov/content/dam/tn/health/documents/Returning\\_to\\_Learn\\_Guidelines.pdf](https://www.tn.gov/content/dam/tn/health/documents/Returning_to_Learn_Guidelines.pdf)). All medical providers are encouraged to review both sites if they have questions regarding the latest information on the evaluation and care of the youth athlete following a concussion injury.