

OUR LADY OF PERPETUAL HELP RETURN TO PLAY FORM

To Be Completed by the Athlete's Health Care Provider

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have any questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion policy. Please initial any recommendations that you select.

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 on (date): _____

The following are the return to sports recommendations at the present time:

PHYSICAL EDUCATION: _____ Do **NOT** Return to PE class at this time. _____ May Return to PE class.

SPORTS: _____ Do **NOT** return to sports practice or competition at this time.

_____ May gradually return to sports practices under the supervision of a health care provider selected by the athlete's parent/guardian.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to treating health care provider for final clearance to return to competition.

_____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp)

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ Concussion Training

Provider's Name: _____ Provider's Office Phone: _____

Provider's Signature: _____ Office Address: _____

- RETURN TO SPORTS:**
1. Athletes should not 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 is aware of your injury, symptoms, and has the contact information for the treating health care provider.

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 or activity. After completion of each step without recurrence of symptoms, 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 health care provider know, return to the first level and restart the program gradually.

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.

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycling, moderate intensity weightlifting (reduce time and/or reduced weight from typical routine).

Day 3: Heavy non-contact activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills.

Day 4: Sports specific practice.

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

Day 6: Return to competition.