

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 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 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.

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 symptoms (ie, walking)	Gradual reintroduction school/work	<input type="checkbox"/>
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	<input type="checkbox"/>
3	Individual sport specific Exercise. 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	<input type="checkbox"/>
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 unusual intensity of exercise, coordination and increased thinking	<input type="checkbox"/>
5	Full Contact Practice	Practice in normal training	Restore confidence & assess functional skills by coaching staff	<input type="checkbox"/>
6	Return to play	Normal game play		<input type="checkbox"/>

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

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