



# Medical Provider Concussion Evaluation Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NC public high school and middle school student-athletes must have a Licensed Physician's (MD/DO) signature prior to resuming full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

### RETURN TO SCHOOL:

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy effective beginning 2016-2017 school year to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **Concussion Return to Learn Recommendations** page.

### SCHOOL (ACADEMICS):

(Physician identified below should check all recommendations that apply.)

- Out of school until \_\_\_\_\_.
- May return to school on \_\_\_\_\_ with accommodations as selected on the **Concussion Return to Learn Recommendations** page.
- May return to school now with no accommodations needed.

### RETURN TO SPORTS:

PLEASE NOTE →

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely. The **NCHSAA Concussion Return to Play Protocol** has been designed using a step-by-step progression.

### SPORTS & PHYSICAL: EDUCATION

(Physician identified below should check all recommendations that apply.)

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- Must return to examining physician for clearance before returning to sports/physical education.
- May start the RTP Protocol under monitoring of Licensed Athletic Trainer (LAT) and progress through all five stages with no office contact required. If student-athlete remains free of signs/symptoms the LAT may sign the RETURN TO PLAY FORM releasing the student-athlete to full participation in athletics. **(MD or DO only may make this recommendation.)**

Comment: \_\_\_\_\_

**Physicians may choose to delegate aspects of the student-athlete's care to a licensed athletic trainer, licensed nurse practitioner or licensed physician assistant who is working under that physician's supervision, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. \* If this option is chosen, that individual should be designated by completing the requested information at the bottom of this page \*.**

\_\_\_\_\_  
Signature of Physician Licensed to Practice Medicine MD / DO

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number

*Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.*

**\* The physician above has delegated aspects of the student-athlete's care to the individual designated below \*.**

\_\_\_\_\_  
Signature of LAT, NP, PA-C, Neuropsychologist (Please Circle)

Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Phone Number



# Concussion Return-To-Learn Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Healthcare providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to the review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

### Return to school with the following supports:

#### Length of Day

- Shortened day. Recommended \_\_\_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_\_ minutes.
- Use \_\_\_\_\_ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

#### Extra Time

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

#### Homework

- Lessen homework by \_\_\_\_\_ % per class, or \_\_\_\_\_ minutes/class; or to a maximum of \_\_\_\_\_ minutes nightly, no more than \_\_\_\_\_ minutes continuous.

#### Testing

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than \_\_\_\_\_ questions and/or \_\_\_\_\_ total time.
  - Student is able to take quizzes or tests but no bubble sheets.
  - Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

#### Vision

- Lessen screen time (SMART board, computer, videos, etc.) to a maximum \_\_\_\_\_ minutes per class AND no more than \_\_\_\_\_ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

#### Environment

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.
- Patient should not attend athletic practice
- Patient is allowed to be present but not participate in practice, limited to \_\_\_\_\_ hours

#### Additional Recommendations:

---



---



---



## NCHSAA Concussion Return to Play Protocol

Name of Student- Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

**Licensed Athletic Trainers:** All 5 stages listed below must be completed under the observation of a Licensed Athletic Trainer. The Return to Play Form can then be signed by the Licensed Athletic Trainer, with approval of the Licensed Physician overseeing the student-athlete’s care, thereby releasing the student-athlete to full participation in athletics.

**First Responders:** If the return to play protocol is being monitored by a First Responder, the **Licensed Physician** overseeing the student-athlete’s care should be kept apprised of his/her progress. This progress may be reviewed electronically or by phone and does not require an additional office visit, unless otherwise indicated by the **Licensed Physician**. However, the Return to Play Form **MUST** be completed and signed by the **Licensed Physician** overseeing the student-athlete’s care before Stage 5 is begun.

STAGE	EXERCISE	GOAL	DATE SUCCESSFULLY COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
<b>If First Responder is monitoring progress, The RETURN TO PLAY FORM <u>MUST</u> be signed by the Licensed Physician overseeing student-athlete’s care before stage 5 is begun.</b>					
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
<b>If signs or symptoms occur after stage 5 the student-athlete <u>MUST</u> return to Licensed Physician overseeing student-athlete’s care.</b>					

Individual who monitored the student-athlete’s Return-to Play Protocol should sign and date below when stage 5 is successfully completed.

**By signing below, I attest that I have monitored the above named student-athlete’s return to play protocol.**

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name



# North Carolina High School Athletic Association



## **RETURN TO PLAY FORM: CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RETURN TO ATHLETIC PARTICIPATION**

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

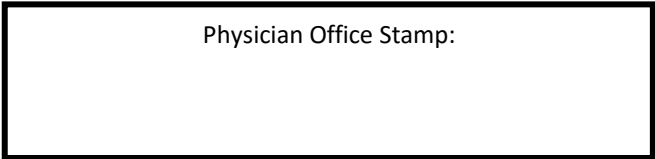
This is to certify that the above-named student-athlete has been evaluated and treated for a concussion. I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress.

(If previously designated by the Licensed Physician overseeing the student-athletes care, this form may be completed by a Licensed Athletic Trainer.)

**By signing below, I attest that the above-named student-athlete has successfully completed the Return to Play Protocol through stage 4. The student-athlete is released to progress through stage 5 and if remains symptom-free, may resume full participation in athletics.**

\_\_\_\_\_  
Signature of Physician Licensed to Practice Medicine MD or DO (Please Circle) Date: \_\_\_\_\_  
*Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.*

\_\_\_\_\_  
Please Print Name



**By signing below, I attest that the above-named student-athlete has successfully completed the Return to Play Protocol and is now released to full participation in athletics.**

\_\_\_\_\_  
Signature of Licensed Athletic Trainer Date

\_\_\_\_\_  
Please Print Name

**By signing below, I hereby give consent for my child to return to full participation in athletics.**

\_\_\_\_\_  
Signature of Parent/Legal Custodian Date

\_\_\_\_\_  
Please Print Name