



CONCUSSION - RETURN TO PLAY MEDICAL RELEASE

Athlete Name: _____ DOB: ____ / ____ / ____ Date of Injury: ____ / ____ / ____

This section to be completed by Physician / ** Health Care Professional

- Sideline injury report evaluation completed Yes No
- Sideline SCAT3/SCAT5 evaluation completed Yes No
- Baseline and Post ImPACT tests available Yes No

At this time, the athlete is:

- Symptom-free at rest Yes No
- Symptom-free at exertion Yes No
- Completed mandatory 2 week rest period Yes No

I CERTIFY THAT I HAVE REVIEWED A COPY OF THE SCAT3/SCAT5 FOR THIS ATHLETE

I CERTIFY THAT THE ATHLETE'S IMPACT SCORES ARE WITHIN NORMAL RANGE

The athlete **may begin graduated return to play** at the stage circled below, and may follow the progressive stages as indicated by the associated dates. *If the athlete remains symptom-free at rest and with graded exertion, and has completed the mandatory two week rest period, the athlete may return to play on the date for progress step #6 below.*

Physician/Health Care Professional Signature _____ Date: ____ / ____ / ____

Physician/Health Care Professional Name/Title _____ Phone: _____

Send completed form to Rugby Oregon: Fax 503-928-5889 or email laci@rugbyoregon.com

***Per OAR 581-022-0421 "Health Care Professional" means a Physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners.*

Graduated Return to Play - this section to be completed by Physician / ** Health Care Professional or Coach

1. No activity: complete physical & cognitive rest, minimum of 2 weeks from concussion. Date complete: _____

2. Light aerobic exercise: walking, light jogging, stationary bike, no weight/resistance training. Date: _____

*Steps 2-5 are training based restrictive activity. Each of these 4 stages must be a minimum of 24 hours.
The athlete must be healthy enough to return to school full time before progressing to the next stage.*

3. Moderate exercise: brief running, moderate jogging, no equipment, no head impact activities. Date: _____

4. Non-contact training: non-contact sport-specific drills, light weight training. Date: _____

5. Full contact practice: participate in normal training activities. Date: _____

6. Unrestricted return to play/full completion. Date: _____

I certify that the athlete has completed the graduated return to play progression as outlined above, and that the athlete has had no recurrence of symptoms.

Coach Name: _____

Date: _____



Rugby Oregon has developed a medical release form for athletes to return to play following a concussion. No definitive data exists that allows us to absolutely predict when an athlete with a concussion can safely return to play. There are significant differences that exist among healthcare providers relating to when they will permit an athlete to return to play after having a concussion.

USA Rugby nor Rugby Oregon presume to dictate to the medical professional how to practice medicine. Neither is the information on this form meant to establish a standard of care. We do feel, however, that the guidelines included on the form represent a consensus of the literature, and that the components of the form are relevant to addressing the concerns of coaches, parents, athletes and qualified healthcare professionals.

GOALS FOR ESTABLISHING A STANDARDIZED FORM:

1. Protect athletes from further harm. Young athletes appear to be particularly vulnerable to the effects of concussion. They are more likely than older athletes to experience problems after concussion and often take longer to recover. Young athletes also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young athletes cannot be over-emphasized.
2. Allow athletes to participate when it is deemed reasonably safe for them to do so. This must NOT occur prior to the conclusion of the mandatory two week rest period, or ImPACT test results within normal range, per USA Rugby guidelines.
3. Establish guidelines to help minimize major differences in concussion management among providers who are signing the Return to Play Medical Release.
4. Provide a basis of support for the healthcare provider making decisions on when an athlete can or cannot participate.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements so providers will understand the athletes must be symptoms free at rest and exertion and complete a graduated return-to-play process. Returning students at an arbitrary date is NOT an option.
2. Inclusion of the date and nature of the injury as well as the earliest date to return to play.
3. Inclusion of a detailed return to play progression so that all athletes are managed safely and fairly.
4. Inclusion of all of the components discussed has the potential to limit liability caused by a youth sport organization making medical decisions.

NOTE TO HEALTHCARE PROFESSIONALS: Please familiarize yourself with the "Summary and Agreement Statements of International Conferences on Concussion in Sport," from Vienna in 2001, Prague in 2004, and Zurich in 2008 and 2012. These documents summarize the most recent research and treatment techniques in regard to brain injury. The most noteworthy items to come from these conferences are the discontinuation of initial symptom-based grading scales and the addition of standardized return to play guidelines.