MAHA Concussion - Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions, and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS.** This form must be signed by the above referenced medical professional and returned to the league, organization, or athletic trainer in order for the athlete to return to participation.

Athlete Name: _____ DOB: _____/_____/_____

Injury Date: _____/_____/_____ Sport: _____ Level (HS, 14U, 12U, etc.)_____

Mechanism of Injury:

_____

_____

Symptoms upon evaluation:

_____

_____

Sideline evaluation completed: Yes ☐ No ☐

Evaluation completed by: _____

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. There is a minimum 24 hour period between each step. If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.

Graduated Return-to-Sport (RTS)- ***(For Hockey specific Return-to-Sport progression refer to the back of this page)***

An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS progression.

Stage 1 – Symptom limited activity (Daily activities that do not provoke symptoms)
Stage 2 – Light aerobic exercise (Walking or stationary cycling at slow to medium pace. No resistance training)
Stage 3 – Sport-specific exercise (Running or skating drills. No head impact activities)
Stage 4 – Non-contact training drills (Harder training drills, eg, passing drills. May start progressive resistance training)
Stage 5 – Full-contact practice with MEDICAL CLEARANCE (Participate in normal training activities)
Stage 6 – Return to sport (Normal game play)

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

Name: _____Signature:_____

Phone: _____ Fax: _____Today's Date: **_____**

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above, and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: _____

Signature: _____

Phone: _____Today's Date: _____

A Graduated Return-to-Sport Strategy – Ice Hockey			
Stage #	**Aim**	**Ice Hockey Specific Activity**	**Goal of each step**
Initial period of 24-48 hours of both relative physical & cognitive rest is recommended before beginning the Return to Sport Progression			
1	Symptom limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
2	Light aerobic exercise	Walking, swimming, stationary cycling – 10-15 minutes of exercise, no resistance training	Add light aerobic activity and monitor for symptom return
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
3	Sport-specific exercise	Running, 20-30 minutes no weightlifting, no head contact	Increase aerobic activity and monitor for symptom return
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
4	Non-contact ice hockey specific drills	• Skating forwards & backwards (all ages) skating laterally (8 and over), skating with the puck, stick handling, face off, passing, shooting, shadow positioning without other players, goal keeper positioning • May begin progressive resistance training	Maximize aerobic activity, accelerate to full speed with change of directions (cuts), introduce rotational head movements, monitor for symptoms
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
5	Limited contact ice hockey drills	• Checking against a held pad (10 and over); progress to Back in and cut off drill, curls, forecheck drill, open ice stand-up drill	Maximize aerobic activity, add deceleration/rotational forces in controlled setting, monitor for symptoms
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
6	Full-contact practice (after medical clearance)	Following medical clearance, participate in normal training activities	Assess frequently during line changes, monitor for symptoms
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage *with physician clearance.*			
7	Return to Sport	Normal game play	Fully back to sport

McCrory P, et al. Br J Sports Med 2017;0:1-10.doi:10.1136/bjssports-2017-097699. May KH, Marshall DL, Burns TG, Popoli DM, Polikandriotis JA. PEDIATRIC SPORTS SPECIFIC RETURN TO PLAY GUIDELINES FOLLOWING CONCUSSION. *International Journal of Sports Physical Therapy*. 2014;9(2):242-255.

***A neurocognitive post-injury test should be administered once the athlete is experiencing no symptoms, and always before the athlete begins contact drills. When referring to the Return-to-Sport Strategy above, a neurocognitive post-injury test should be administered before stage 5 of the progression, and only if the athlete is asymptomatic.*