TACS Concussion Return to Play Form

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 questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. 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 _____

Care plan completed by: _____

Return to this office on (date) _____ Return to school on (date) _____

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 and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating healthcare provider.

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 the healthcare provider for your school or team.

____ May be advanced back to competition after phone conversation with the treating healthcare provider.

____ Must return to the treating healthcare provider for final clearance to return to competition

____ Cleared for full participation in all activities without restriction.

Treating Healthcare Provider Information (Please print or stamp.)

Please check:

❑ Medical Doctor (M.D.) ❑ Osteopathic Physician (D.O.) ❑ Clinical Neuropyschologist w/Concussion Training

Provider's Name _____ Provider's Office Phone_____

Provider's Address _____

Provider's Signature _____

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 healthcare provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do hot come back during or after the activity). This includes walker, light jogging, light stationary biking, and light weight lifting (low weight—moderate reps, no bench, no squats).

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

Day 3: Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility—with 3 planes of movement).

Day 4: Sports specific practice.

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

Day 6: Return to competition.