Return to Learn/Return to Play: Concussion Management Guidelines

Tennessee Department of Health

6/20/2017

Acknowledgements

June, 2017:

This document is a compilation of concussion management material produced by the States of Colorado and Nebraska and has been adapted with permission for use by the Tennessee Department of Health.

This document has been created/edited/reviewed by the following people:

Tim Lee, MHA, MS, ATC, Vanderbilt Sports Concussion Center

Alex Diamond, DO, MPH, Vanderbilt Sports Medicine/Vanderbilt Sports Concussion Center/Program for Injury Prevention in Youth Sports (PIPYS)

Gary Solomon, PhD, Clinical Neuropsychologist, Vanderbilt Sports Concussion Center

Paula Denslow, Director, Project BRAIN, Tennessee Disability Coalition

Lori Paisley, Executive Director, Coordinated School Health, TN Department of Education

Derese Methvin, EdS., RN, BSN, Coordinated School Health, TN Department of Education

Andrew Gregory, MD, Vanderbilt Sports Concussion Center

Carolina Clark, MD, MPH, Child Health Medical Consultant, TN Department of Health

Morgan F. McDonald, MD, FAAP, FACP, Assistant Commissioner,
Director, Division of Family Health and Wellness, TN Department of Health

Michelle D. Fiscus, MD FAAP, Deputy Medical Director, Chronic Disease and Injury Prevention, Health Promotion, TN Department of Health

Rachel Heitmann, MS, Section Chief, Injury Prevention and Detection
TN Department of Health

Jean Doster, MS, Director, Traumatic Brain Injury Program, TN Department of Health

This document can be viewed online at: http://tn.gov/health/article/tbi-concussion

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What is a Concussion?

Concussion/TBI

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain, and sometimes stretching and damaging the brain cells (CDC, 2015).

Aside from the elderly, children and adolescents are among those at greatest risk for concussion. The potential for a concussion in young people is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or sports activities. However, concussions can happen any time a student's head comes into contact forcefully with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery (CDC, 2015).

Medical providers may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious (CDC, 2015).

Traumatic brain injury (TBI) is a serious public health problem in the United States. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability. In 2010, 2.5 million TBIs occurred either as an isolated injury or along with other injuries (CDC, 2015).

Why are concussions a big deal?

A CONCUSSION IS A TRAUMATIC BRAIN INJURY!

A concussion can occur from an impact to the body or the head. The most common cause of a concussion is a whiplash type injury, involving a rapid acceleration of the head.

Most concussions (90%) occur without loss of consciousness. Concussions can occur in any sport or during regular daily activities.

A "ding," "getting your bell rung," or what seems to be a mild bump, blow or jolt to the head can be serious and can change the way the brain normally works! (CDC, 2013).

Because of changes in the neurophysiology of the brain, symptoms may continue to develop over the next few days following an injury.

After a concussion, among other effects, nerve cells and connections within the brain become stressed, resulting in the possible breaking of some connections between different brain areas and limiting the ability of the brain to process information efficiently and quickly (Molfese 2013).

These changes can lead to a set of symptoms affecting the student's cognitive, physical, emotional and sleep functions, which may result in reduced ability to do tasks at home, at school, or work. Concussions can have an impact on the student's ability to learn in the classroom. Tracking symptoms tells a big part of the story during recovery.

During this time of recovery, returning to play before symptoms have resolved incurs the risk of further injury, and returning to full-time academics before symptoms have cleared can result in prolonged recovery time.

As the chemistry of the brain returns to normal, the symptoms begin to subside and for most people, they resolve within 1 to 4 weeks. During the recovery period, monitor students for full resolution of symptoms and refer for further evaluation or treatment if needed.

Ignoring the symptoms and trying to "tough it out" often makes symptoms worse!

"Second Impact Syndrome" may occur when a brain already injured takes another blow or hit before the brain recovers from the first –usually within a short period of time (hours, days, or weeks). A repeat concussion can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage and even death (CDC, 2013).

(Adapted from Return to Learn, 2014)

Signs & Symptoms:

What are the signs and symptoms of concussion/ TBI?

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or a few days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse, or if the student just "doesn't feel right" (CDC, 2015).

Signs Reported by the Student:

Emotional:

- Irritability
- Sad
- More emotional than usual
- Nervousness

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Numbness or tingling
- Does not "feel right"

Cognitive

- Difficulty thinking clearly
- Difficulty remembering or concentrating
- Feeling slowed down
- Feeling sluggish, hazy, or foggy

Sleep

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

(Only ask sleep symptoms if injury occurred on a prior day)

Signs observed by staff:

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Danger Signs:

Be alert for symptoms that worsen over time. A student should be seen in the emergency department right away if s/he has:

- **One pupil that is larger than the other**
- **Drowsiness or cannot be awakened**
- **A headache that gets worse and does not go away**
- **Weakness, numbness, or decreased coordination**
- **Repeated vomiting**
- **Slurred speech**
- **Seizures**
- **Difficulty recognizing people or places**
- **Increased confusion, restlessness, or agitation**
- **Unusual behavior**
- **Loss of consciousness**

Prevention:

A concussion is a traumatic brain injury that can be prevented in many cases. Being an active participant in sports and engaging in physical activity does place student-athletes at higher risk for injury; however there are preventive measures that schools can take. This section is intended to remind school districts about the importance of prevention. Schools should:

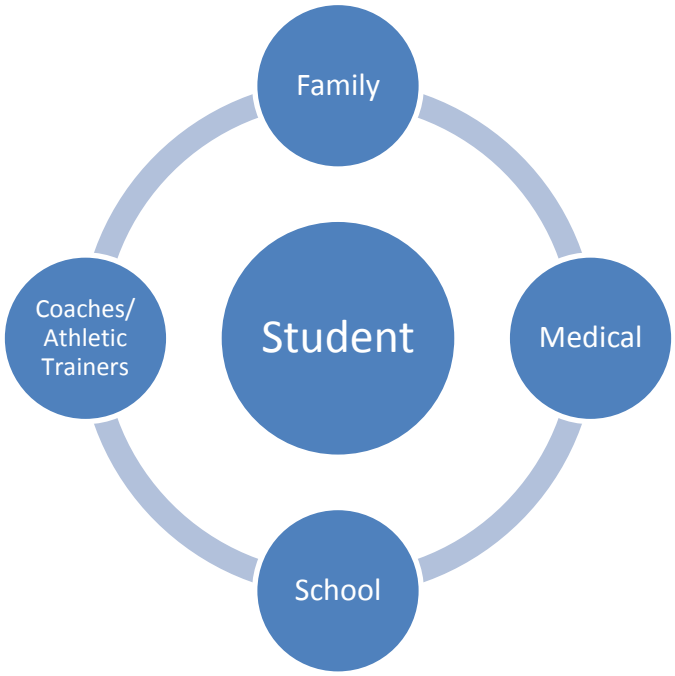
- Conduct periodic safety reviews on common play/sporting areas
- Provide appropriate and adequate staffing for sporting events and recess
- Provide appropriate access to protective gear (helmets, mouth guards)
- Provide appropriate fitting of protective gear
- Design guidelines and enforcement of appropriate and fair rules and techniques (CDE, 2014)

Design, Implement and Review a school-wide "concussion action plan" for all school staff & faculty. Know what to do BEFORE a student/ athlete has an injury.

Concussion Management Team:

Once a concussion has been diagnosed by a healthcare professional, managing the concussion is best accomplished by creating a support system for the student. Communication and collaboration among parents, school personnel, coaches and athletic trainers, and healthcare providers is essential for the recovery process. This support system oversees the return to academics and return to play process. A medical release signed by the parents allows for two-way communication between the school personnel and the healthcare provider (McAvoy, 2012, Return to Learn, 2014).

A collaborative approach with the student as the focus!



Each school district creates a Concussion Management policy that incorporates:

- Knowledge about concussions as a mild traumatic brain injury
- Training for all coaches, athletes, parents, and school staff about concussion management
- A Concussion Management Team (CMT) with a designated Concussion Management Team Point Person
    - The Concussion Management Point Person may be the school nurse, the 504 designee, a guidance counselor, or an administrator. Choose the individual that works best for your school's situation.

The Concussion Management Team

Members may include:

Physicians	Speech Language Pathologist
Neuropsychologists	Nurse Practitioner
Physician Assistant	School Nurse
Parents	School Psychologist
School Administrator or designee	School Counselor
Athletic Director	Occupational Therapist
Athletic Trainer	Physical Therapist
Coach	Student-athlete
Teacher	

(Return to Learn, 2014)

This is an example of the concussion management process that includes best practices components for all students.

Student sustains a concussion

- Remove from physical activity (P.E., Recess, Athletics, etc.)
- Notify parents

Concussion Management Team Point Person is Notified

- CMT Point Person will notify the student's teachers, counselor, school nurse, parent/guardian, coach, athletic trainer

CMT Records Collection

- The CMT will collect pertinent information regarding student's recovery (symptom checklist, school accommodations, medical release forms, etc.)
- The CMT Point Person should maintain all records collected.
- The CMT Point Person is responsible for maintaining communication with parents, school nurse, and healthcare providers.

Return to Learn

- The student's academic accommodations will decrease as the symptoms begin to resolve.

Symptom Free

- Record collection from CMT indicate the student is symptom free without medications
- Student is no longer requiring academic accommodations in the classroom

Return to Play

- Under guidance of health care provider, athlete may return to play *gradually (graduated RTP guidelines)*
- Completion of graduated RTP protocol without return of symptoms is required for full medical clearance.

(Adapted from Colorado, 2014)

Returning to School

The student may return to school when symptoms are tolerable and manageable, **as long as the school is making appropriate accommodations for the student**. The school must understand concussions and the necessary academic accommodations in order to facilitate returning students to the learning environment.

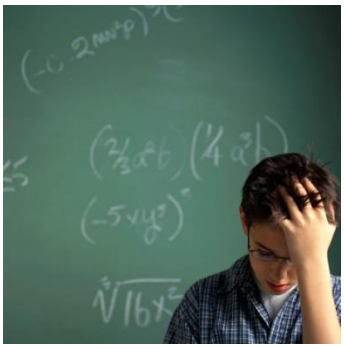
Key points:

- If symptoms prevent the student from concentrating on mental activities for 10 minutes or less, complete cognitive rest is required. The student should be kept home from school with limited external stimulation (texting, watching TV, playing video games, etc.) or driving. In some (but not all) cases these stimulating activities may worsen the symptoms of concussion.
- If symptoms allow the student to concentrate on mental activities for up to 20 minutes or less, parents should consider keeping the student home from school, but may allow increased time periods of external stimulation as long as symptoms do not get worse.
- **See Cognitive Activity Monitoring Log in Appendix A**

When the student can tolerate 30 minutes of light mental activity, parents can consider returning them to the classroom. Best practices suggests: (a) parents communicate with the school and sign **a medical release of information (See Appendix B)** for the school to communicate with the healthcare provider, and (b) implement the appropriate academic accommodations provided by the treating healthcare provider and concussion management team.

Academic Accommodations: See school accommodations form in Appendix C

The balance between the student's medical and academic needs should be closely coordinated between school personnel and the healthcare provider. Each concussed student can have different symptoms, a different level of severity, and a different recovery. Academic accommodations should be tailored to the specific needs of the individual student (McAvoy, 2014). Certain symptoms lend themselves to certain interventions. Especially in the acute phase of the concussion (1-4 weeks), interventions should be applied generously in the classroom setting. Symptoms may be worse in some classes than in others. Teachers are encouraged to apply any intervention that is needed for the student based on the symptoms. Some suggestions are below (McAvoy, 2015).



Classroom Strategies for Concussion Recovery

Symptom	School Setting Adjustment
Headache	• Frequent breaks • Reduce exposure to specific aggravators: bright lights/computer work/noisy environment • Rest periods if needed in nurse's office or quiet environment
Dizziness	• Allow student to put head down on desk • Give student early dismissal from class to avoid crowed hallways
Visual Problems: Light Sensitivity, Double Vision, Blurry Vision	• Reduce exposure to computers, light boards, videos • Reduce brightness on screens • Allow student to wear hat/sunglasses • Consider use of audio books • Turn off fluorescent lights • Seat student closer to the center of the classroom (blurry vision) • Have school nurse cover one eye with a patch for students with double vision
Noise Sensitivity	• Allow student to have lunch in a quiet area with one classmate • Limit/avoid band, choir, shop classes • Consider use of ear plugs • Allow early dismissal from class to avoid noisy hallways • Avoid noisy gyms/sporting events
Difficulty Concentrating or Remembering	• Avoid testing or completing major projects during recovery • Allow extra time to complete non-standardized tests • Postpone standardized testing • Consider one test per day during exams • Consider use of notes, a note taker, or reader for oral testing
Sleep Disturbance	• Allow for late start or short day to catch up on sleep • Allow rest breaks in a quiet area

Adapted from: Halstead, M.E., McAvoy, K., Devore, C.D., Carl, R., Lee, M., Logan, K. (2013). Return to learning following a concussion. American Academy of Pediatrics. 132: 5, 948-957.doi:10.1542/peds.2013-2867

In most cases, symptoms may be the primary way to know when and how a concussion is getting better. Since the report of symptoms can be quite subjective, it is helpful to use a rating scale. The rating scale can act as a common language for everyone involved in managing the concussion. Most concussion management programs utilize a symptom scale with a 0 to 6 rating scale (0 = not present; 6 = most severe).

Name:_____Date:_____

Date of Injury:_____

Symptom	None	Mild		Moderate		Severe	
Headache	0	1	2	3	4	5	6
Nausea	0	1	2	3	4	5	6
Vomiting	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Fatigue	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Sleeping more than usual	0	1	2	3	4	5	6
Sleeping less than usual	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Sensitive to light	0	1	2	3	4	5	6
Sensitive to noise	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous/Anxious	0	1	2	3	4	5	6
Feeling more emotional	0	1	2	3	4	5	6
Numbness or tingling	0	1	2	3	4	5	6
Feeling like in a fog	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Visual problems	0	1	2	3	4	5	6
Total Symptoms Score							

The Graded Symptoms Checklist is recommended by the National Athletic Trainers Association (Casa et al., 2012). The 0 to 6 symptoms scale is commonly used by various tests: ImPACT and SCAT3.

(Adapted from Colorado, 2014)

When and How to write a 504 plan

Typically, 90% of kids with concussions will recover within 4 weeks of their injury**.** If a student has not resolved from a concussion within the typical 3 to 4 week timeframe, it may be prudent to begin to look at a more "targeted" approach. (McAvoy and Eagan, 2015). If a 504 Plan is indicated, the 504 designee (CMT Point Person) at the school should set up a meeting with all the necessary members of the concussion management team (teachers, parents, counselors, administrators, school nurse, etc.). When writing a 504 Plan, one must identify what the most problematic symptoms are which will let you know which interventions to use in your plan.

There are certain conditions or "modifiers" of concussion that we know may prolong the recovery process. Those modifiers are:

- A pre-existing headache disorder
- A history of migraine headache or family history of migraines
- ADHD
- A history of previous concussions
- Learning disability
- A history of anxiety or depression
- Sleep disorders

Be specific in the writing your 504 Plan. Do not write a plan "for concussion"; use the phrasing, "Section 504 Plan for X (specified symptom) secondary to concussion.

Examples:

Section 504 Plan for Headaches secondary to a concussion	**Appropriate Interventions**: • Head down on the desk in classroom • Pass to leave room to visit nurse • Able to take medications in school clinic
Section 504 Plan for Slowed Processing Speed secondary to a concussion	**Appropriate Interventions**: • Extended time on in-class assignments • Extended time on tests
Section 504 Plan for Convergence Insufficiency secondary to a concussion	**Appropriate Interventions**: • Teacher or peer notes printed out • In-class and homework on paper instead of computer screens whenever possible • Books on tape

(MacAvoy & Eagan Brown, 2015)

There should also be an overall medical and education plan addressing the following questions:

- How long do we expect the symptoms to linger?
- Is the student still being treated for their concussion/symptoms?

- Do we expect the student to fully recover?
- What are the medical interventions being used?
- What side effect should we expect?

Remember…

- Only a small percentage of students with a concussion will need a 504 Plan
- A Release of Medical Information Form will be needed for the school to communicate with the medical provider (Appendix B).
- When the Concussion Management Team works together to identify the underlying cause(s) for the prolonged recovery, addresses those areas, supports the student with academic accommodations, monitors the progress, and, adjusts the plan as needed, full recovery is possible (McAvoy and Eagan-Brown, 2015).

Return to Play

Tennessee Sports Concussion Law

In April 2013, Tennessee became the 44th state to pass a sport concussion law designed to reduce youth sports concussions and increase awareness of traumatic brain injury.

The legislation, Public Chapter 148, has three key components:

- To inform and educate coaches, youth athletes and their parents and require them to sign a concussion information form before competing.
- To require removal of a youth athlete who appears to have suffered a concussion from play or practice at the time of the suspected concussion.
- To require a youth athlete to be cleared by a licensed health care professional before returning to play or practice.

Both public and private school sports and recreational leagues for children under age 18 that require a fee are affected by the new law. The law covers all sports. This website contains all the resources coaches, youth athletes and parents need to fulfill the intent of the law.

- See more at: https://www.tn.gov/health/article/tbi-concussion#sthash.UaQIOO8l.dpuf

(TN Sports Concussion Law, 2013)

Within the school setting, any student who shows signs or symptoms of a concussion should be removed from the physical activity (recess, physical education, dance class, etc.), and needs to be cleared medically before returning to physical activity. Medical providers approved to clear children for return to play from concussion are as follows:

- Medical Doctor (MD)
- Osteopathic Physician (DO)
- Clinical Neuropsychologist (PhD) with concussion training
- Physician Assistant (PA) with concussion training who is a member of a healthcare team supervised by a Tennessee licensed medical doctor or osteopathic physician.

See Return to Play form, Appendix D

Return to Play Decisions

- According to the Concussion in Sport Group-4 Guidelines (2013), any child who is suspected of having a concussion should be removed from play and should not return to play that day.
- No return to sport should be considered until the child has returned to school successfully. A successful return to school would mean they no longer are in need of school accommodations.
- Children should not be returning to physical activity if they are still experiencing concussion symptoms, unless otherwise directed by their treating healthcare provider.
- Children should not be taking any medications to mask concussion symptoms in the graduated return to play process.
- A graduated return to play process is recommended to be performed by the child with symptom monitoring at each step (McCrory, 2013)

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 under the direction of your healthcare provider. 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 health care provider know, and await further instructions.

Day 1: Low levels of physical activity (i.e., symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (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 weightlifting (reduce time and or reduced 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

(TN Sports Concussion Law, 2013)

References:

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Additional Resources:

1. Project BRAIN http://tndisability.org/trainings
2. School-Wide Concussion Management, Oregon Center for Applied Science http://brain101.orcasinc.com/
3. Get Schooled on Concussions: Return to Learn. http://www.getschooledonconcussions.com/

Appendix A

Cognitive Activity Monitoring (CAM) Log

Name_____ Parent/ Teacher:_____

DATE TIME							
LOCATION (circle one)	Home School	Home School	Home School	Home School	Home School	Home School	Home School
COGNITIVE ACTIVITY:							
DURATION:							
SYMPTOM (PRE/POST)	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**	**Rate 0-10**
HEADACHE	____/____	____/____	____/____	____/____	____/____	____/____	____/____
FATIGUE	____/____	____/____	____/____	____/____	____/____	____/____	____/____
CONCENTRATION PROBLEMS	____/____	____/____	____/____	____/____	____/____	____/____	____/____
IRRITABILITY	____/____	____/____	____/____	____/____	____/____	____/____	____/____
FOGGINESS	____/____	____/____	____/____	____/____	____/____	____/____	____/____
LIGHT/ NOISE SENSITIVITY	____/____	____/____	____/____	____/____	____/____	____/____	____/____
Other:_____	____/____	____/____	____/____	____/____	____/____	____/____	____/____
PRE-POST DIFFERENCE	_____	_____	_____	_____	_____	_____	_____

Appendix B **School Name:**

Authorization of Release of Medical Information For Concussion

Patient Name:_____ Date of Birth:_____

Address:_____

City:_____ _____State:_____ Zip:_____

Social Security #:_____

I hereby authorize_____
Name of Person/Organization Disclosing PHI

To release the following information to (School Receiving PHI) School:_____
Name:_____Title:_____
Address:_____
Phone:_____Fax:_____
Email:_____

Information to be shared:

☐ Medical records pertaining to concussion care ☐ Academic Accommodations Forms

☐ Progress notes ☐ Mental/Behavioral health records

☐ Other:_____

The Information may be disclosed for the following purpose(s) only:

☐ Continued treatment ☐ At the request of the patient/legal guardian

I understand that by voluntarily signing this authorization:

- I authorize the use of my protected health information as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have a right to receive a copy of this authorization

Unless revoked or otherwise indicated, the authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event:_____

_____ _____
Signature of Patient/Legal Representative Date

_____
Description of Legal Representatives Authority

Appendix C

The Tennessee Department of Health

School Accommodations Form for Concussion

Patient/Student:_____Date:_____

Please excuse the above named patient from school today due to a medical appointment. The student has sustained a concussion and is currently under the care of_____ his or her physician, and/or _____ the undersigned. S/he is not permitted to participate in any contact sport activity until formally cleared by_____ his or her physician and/or the undersigned.

Please consider the following concussion-related recommendations:

Gym Class recommendations:

____ No gym class

____ Restricted gym class as specified_____

Recommended **Academic** accommodations:

____Untimed tests

____Open note/Open book or Oral tests

____ Tutoring

____ Reduced workload when possible

____ 15 minute rest breaks from class every_____ hour(s)

____ Modified/reduced homework assignments

____ Extended time on homework/projects

____ Tape record class lectures

____ Should not return to school until concussion symptoms are resolved

____ Other recommendations:_____

The patient/student will be re-evaluated on:_____

Healthcare Provider Name:_____ Address:_____

Signature:_____ _____

Phone:_____

Appendix D

CONCUSSION RETURN TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation care plan on the Centers for Disease Control and Prevention website (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 youth athlete following a concussion injury. **Please initial any recommendations selected.**

Athlete's Name: _____ Date of birth: _____

Date of Injury: _____

This return to play plan is based on today's evaluation. Date of Evaluation:_____

Care plan completed by: _____ Return to this office /Time:_____

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 health care 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 health care professional for your school or team.

_____ May be advanced back to competition after phone conversation with treating health care provider.

_____ Must return to the treating health care provider for final clearance to return to competition.

-*OR*- _____ Cleared for full participation in all activities without restriction.

Treating Health Care Provider Information (Please Print/Stamp) Please check:

_____ Medical Doctor (M.D.) _____ Osteopathic Physician (D.O.) _____ Clinical Neuropsychologist w/ concussion training
_____ Physician Assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

Provider's Name:_____ Provider's Office Phone:_____

Provider's Signature:_____ Office address: _____
_____

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

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking and light weightlifting (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 weightlifting (reduce time and or reduced 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