

## **SPORT CLUB CONCUSSION RETURN TO PLAY FORM**

**Student Name:** \_\_\_\_\_ **Sport Club:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Date of Clearance:** \_\_\_\_\_

To Healthcare Provider:

- This form has been developed to provide a uniform method for healthcare professionals who are trained in concussion care to provide a written release for Sport Club participants to return to play after having suffered a concussion or having demonstrated signs, symptoms or behaviors consistent with a concussion with subsequent removal from play. The return to play form requirement to Sport Clubs is pursuant to UWO Student Recreation policy. The health and safety of all Sport Club participants is the desired outcome.
- Participants are not allowed to return to practice/play on the same day that their head injury occurred, unless diagnosed as **NOT** having sustained a concussion by an appropriate licensed healthcare professional.
- Participants should never return to practice/play if they still have **ANY** symptoms.
- Before returning to play after concussion diagnosis, participants should have:
  - All signs and symptoms resolved.
  - Returned to all school learning activities.
  - Completed a multi-day graduated return to play progression without return of signs/symptoms by a certified Athletic Trainer. Participants may access UWO Athletic Trainer for this process. (See reverse side for non-UWO Athletic Trainers clearing the participant)
- Participants are encouraged to make an appointment at the UWO Student Health Center (free service). (920)424-2424 Trained providers can provide subsequent follow up visits, provide clearance and connect students with academic services to diminish the chance of the necessity to withdraw from classes due to concussion recovery absences.

**To be completed by Healthcare Provider:**

**Please choose and initial:**

\_\_\_\_\_ Student has been evaluated and determined as NOT having sustained a concussion and may return to play immediately.

\_\_\_\_\_ Student referred to Student Health Center for follow-up care and clearance.

\_\_\_\_\_ Student is symptom free, and is cleared to return to practice/play with no restrictions as of \_\_\_\_\_ (date) provided they have returned to all school activities without difficulty, and have completed a graduated return to play progression without return of symptoms as instructed by a certified Athletic Trainer.

**Provider Name/Credentials:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

I agree with the above information and will abide by the decision of my healthcare provider. I will follow all instructions given in the return to practice/play activity progression before returning to intramural participation. I understand that returning to practice/play before my concussion is fully healed may result in further health consequences which could include death.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form with signature to: Email: Tony Dirth (dirtha@uwosh.edu) Fax: 920-424-2266**

❖ Participants should not enter the return to play progression until they are **symptom free for at least 24 hours**. In general, 24 hours is recommended between stages. If symptoms re-occur with exercise in any stage, you should stop for the day, and then return to the last stage you completed without symptoms after a 24 hour break.

Stage	Functional Exercise/Activity	Objective
1. No structured physical or cognitive activity.	Only basic activities of daily living (ADLs). When indicated, complete cognitive rest followed by gradual reintroduction of schoolwork.	Rest and recovery, avoidance of overexertion.
2. Non-contact light aerobic physical activity. <i>(symptoms do not comeback during or after activity)</i>	20 minutes or less walking, light jogging, swimming, stationary bike or light weightlifting keeping intensity <70% maximum permitted heart rate <i>-lower weight, higher repetition, no bench/squat.</i> No resistance training.	Increase heart rate, maintain condition, assess tolerance of activity.
3. Non-contact moderate levels of physical or sport specific exercise. <i>(symptoms do not come back during or after activity)</i>	20-40 minutes moderate jogging, brief running, moderate intensity stationary bike and weightlifting: <i>weights at &lt; 50% previous maximum ability; 70-80% MHR</i> Drills like skating in ice hockey/running in soccer.	Add movement, introduce more motion and non-impact jarring.
4. Heavy, <u>non-contact</u> physical activity/drills at full speed. <i>(symptoms do not come back during or after activity)</i>	Sprinting/running, high intensity stationary bike, regular weight lifting routine, progression of <u>non-contact</u> sport-specific drills.	Exercise, coordination and cognitive load. Ensure tolerance of all regular activities without physical contact.
5. Full contact practice. <i>(symptoms do not come back during or after activity)</i>	Participate in normal <u>training</u> activities.	Ensure tolerance of contact activities.
6. Return to intramural play.	Regular game competition.	

❖ If you are having any recurrent symptoms and are unable to complete the return to play protocol, follow up with a medical provider is **required** before returning to play.

**To be completed by Athletic Training:**

**Please choose and initial:**

\_\_\_\_\_ Student has completed return to play protocol and is cleared for participation.

**Provider Name/Credentials:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_