

## **STUDENT ATHLETE HEAD INJURY NOTIFICATION & PROTOCOL**

Athlete's Name		Date of head injury	
Date parent was contacted		Name of parent contacted	
Location of injury (school / facility name)		Sport	
Date 6 phase return to play protocol completed		People informed	Athlete   AD   Nurse   Coach

The athlete listed above has suffered a head injury and is now required to begin the six phase head injury return to play protocol before being cleared to participate in full activities without restrictions. Listed below is a step by step checklist of the requirements necessary to satisfy the head injury return to play protocol.

### **STEP 1**

- ☐ Contact your primary physician or head injury specialist to set up an appointment (cannot be Emergency Department or Urgent Care Clinic)
- ☐ Have physician fill out the info below and sign. Physician MUST also must provide a letter on letterhead.
- ☐ Once physician has medically cleared athlete as symptom free for 24 hours, the athlete will begin six phase return to play protocol (listed on back)

### **STEP 2**

- ☐ Physician must check the box allowing athlete to begin six phase return to play protocol and provide a note on letterhead stating that information before beginning step 2
- ☐ Begin six phase return to play protocol on the date listed below by your physician

### **STEP 3**

- ☐ Parent / guardian must sign release allowing the athlete and training staff to proceed to phase five and if no additional symptoms, phase six of the head injury return to play protocol. This may include baseline testing.
- ☐ Upon completion of phase six the athlete will be cleared for full activities without restriction

### **PHYSICIAN EVALUATION**

- ☐ Athlete is allowed to begin six phase return to play protocol beginning on \_\_\_\_\_
- ☐ Athlete is NOT allowed to begin six phase return to play protocol until reevaluated by a physician at a later date determined by the physician.

Physician Notes:	Physician Name (print):
Date:	Signature:

## **HEAD INJURY RETURN TO PLAY PROTOCOL (6 PHASES)**

(Athlete must remain symptom free for 24 hours to advance to the next phase)

<b><u>PHASE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>TRAINER NOTES</u></b>
Phase 1	Low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals; no resistance training.	
Phase 2	Higher impact, higher exertion activity in two 15 minute intervals, such as running/jumping rope, skating, or other cardio exercise; may be sports specific if available (e.g. skating without collision meaning suited up, but skating when the team is not doing drills; running without impact in soccer or football, suited up), no resistance training.	
Phase 3	Repeat phase 2 progressing with shorter breaks, and add 10 to 15 minutes stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting.	
Phase 4	Repeat of phase 3 without breaks in cardio, but add skill work with movement (allowing balls to be thrown/kicked in the direction of student); non-contact training drills.	
<b><u>PARENT / GUARDIAN SIGNATURE REQUIRED BELOW TO CONTINUE)</u></b> <b><u>(DO NOT SIGN UNTIL PHASE 4 HAS SUCCESSFULLY BEEN COMPLETED)</u></b>		
Phase 5	Repeat phase 4 as a warm up, weight lifting with spotting, full contact training drills.	
Phase 6	Warm up followed by full participation as tolerated.	
Trainer Notes		

**As the parent / guardian of the athlete listed in this form:**

- ☐ I approve and release him to continue with phase 5 and phase 6
- ☐ I do not release him to continue with phase 5 and phase 6

Name (print):	Relationship to Athlete:
Signature:	Date: