

# Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (<http://www.cdc.gov/concussion/index.html>) as well as the NCHSAA Concussion Return to Play Form. 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. Medical providers, please initial any recommendations you select.

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School \_\_\_\_\_ Team/Sport \_\_\_\_\_

### HISTORY OF INJURY

Date of Injury \_\_\_\_\_

Person Completing Form (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent | Student

Please see attached information  Please see further history on back of form

Did the athlete have:	Circle one	Duration/Resolution
Loss of consciousness or unresponsiveness?	YES   NO	Duration _____
Seizure or convulsive activity?	YES   NO	Duration _____
Balance problems/unsteadiness?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Dizziness?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Headache?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Nausea?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Emotional Instability (abnormal laughing, crying, smiling, anger?)	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Confusion?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Difficulty concentrating?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Vision problems?	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO
Other _____	YES   NO	IF YES, HAS THIS RESOLVED? YES   NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MEDICAL PROVIDER RECOMMENDATIONS

This return to play (RTP) plan is based on today's evaluation.

#### RETURN TO SPORTS

PLEASE NOTE

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 physician.

SCHOOL (ACADEMICS)  May return to school now  May return to school on \_\_\_\_\_  Out of school until follow-up visit

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 provider for your school or team
  - May be advanced back to competition after phone conversation with attending physician
  - Must return to medical provider for final clearance to return to competition
  - Cleared for full participation in all activities without restriction

Physician Name (please print) \_\_\_\_\_ MD or DO

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. (Please see right side)*

Medical Provider Name (please print) \_\_\_\_\_

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Name and contact information of supervising/collaborating physician**

\_\_\_\_\_

**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:** Non-Contact, sports-specific practice.

**Day 5:** Full contact in controlled drill(s) or practice.

**Day 6:** Return to competition.