

Appendix B-2

Sample Request to Resume Athletic Participation - Concussion-Related Injuries

If an athlete has been/is suspected of having a concussion, a physician must sign this form.

Athlete's Name: _____

The athlete must complete the following 2 visits with the physician and follow physician's instructions below:

Physician Visit #1

No concussion – athlete may return to:

- regular physical education class activities
- intramural activities/clubs
- interschool sport activities.

Physician signature: _____

Date: _____

Comments:

OR

- Concussion - no physical activity until symptoms and signs have gone

Physician signature: _____

Date: _____

Comments:

Note: The athlete/parent/guardian must provide this form to the school administrator/designate who will inform all relevant personnel (teacher of Health and Physical Education, coach of interschool team, intramural supervisor, etc.) whether the athlete can participate in all activities OR a concussion has been diagnosed and no physical activity is permitted until signs and symptoms have gone.

When a concussion is diagnosed, the athlete and parents/guardians monitor symptoms and signs of a concussion throughout the Return to Physical Activity Process. As a part of this monitoring, ongoing communication must occur between the teacher and parent/guardian throughout Steps 1-4 of the Return to

Physical Activity Process (6 Step Approach):

Return to Physical Activity Process (6 Step Approach)

An athlete with a diagnosed concussion is to follow the medically supervised six step Return to Physical Activity Process below. All steps must be completed. The form “Sample Request to Resume Athletic Participation” (Appendix B-2) is to be used throughout the six step Return to Physical Activity Process to track the attainment of each step, including the necessary signatures by the physician, parent/guardian and teacher/coach.

The athlete may proceed to the next step only when he or she is asymptomatic at the current step.

Procedures:

- Steps are not days - each step must take a minimum of 24 hours.
- The length of time needed to complete each step will vary based on the severity of the concussion and on the student.
- If signs and symptoms return during any one of the steps the student must:
 - o stop all physical activities immediately
 - o rest for a minimum of 24 hours (i.e., physical and cognitive rest)
 - o return to Step 1.

Parent/Guardian Responsibilities

Step 1:

Rest: No activity, complete physical and cognitive rest.

Duration: Until asymptomatic (minimum of 24 hours).

Step 2:

Activity: Individual activity only. Light aerobic exercise (e.g., walking or stationary cycling).

Duration: Maximum of 10-15 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other students.

My signature below indicates that my son/daughter is symptom free after Steps 1 and 2 and I give permission for my son/daughter to proceed to Step 3 and participate in physical activities as described.

Parent/Guardian Signature: _____ **Date:** _____

School Responsibilities

Step 3:

Activity: Individual activity only. Sport specific exercise (e.g., running drills, ball drills, shooting drills).

Duration: Maximum of 20-30 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, head impact activities (e.g., heading a ball in soccer), and other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Step 4:

Activity: Activities where there are minimal opportunities for body contact (e.g., dance, badminton, volleyball). Reviewing offensive and defensive plays at a slower speed. Light resistance/weight training.

Restrictions: No activities that involve body contact or head impact (e.g., “heading the ball” in soccer).

School Communication with Parent/Guardian:

The teacher's/coach's signature indicates that your son/daughter has successfully completed Steps 3 and 4 and now requires a physician's check-up prior to being permitted to engage in interschool activities.

Teacher/Coach signature: _____

Date: _____

Parent/Guardian Responsibility

Note: After Step 4 and before Step 5 (return to full contact training/practice), the athlete must return to the physician for final approval to engage in interschool activities.

Physician Visit #2

Concussion symptoms and signs have gone – the athlete may return to:

- regular physical education class activities;
- intramural activities/clubs;
- interschool sport activities.

Physician signature: _____

Date: _____

Comments:

Note: This form must be returned to the school administrator/designate who will inform all relevant personnel (teacher of Health and Physical Education, coach of interschool team, intramural supervisor, etc.) that the student can participate in all activities with no restrictions.

School Administrator/designate files the completed form “Sample Request to Resume Athletic Participation – Concussion Related Injuries” (Appendix B-2) from the doctor in athlete’s O.S.R.

Step 5:

Activity: Full participation in regular physical education/intramural activities/interschool teams with no body contact. Full contact training/practices for interschool teams that involve body contact.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

Step 6:

Activity: Full participation in all physical activities, including full contact games.

Restrictions: None.