

**Sport Concussion Return-to-Play and
Medical Clearance Documentation**

Student-Athlete _____ **Date of Injury** _____

SECTION 1

Diagnosis

This student-athlete has been **diagnosed** with a mild-traumatic brain injury (mTBI) and/or cerebral concussion.

Initial One: YES _____ **NO** _____

If no, please proceed to page two to complete document.

Activity, Sport, and Return to Learn Restrictions

The following accommodations may be made in order to expedite recovery from current injury.

Activity and Sport Restrictions (Ex: No gym, no participation in sports, etc...)

Return to Learn Restrictions (Ex: No school, ½ day of school, extra time on homework, etc...)

SECTION 2

Gradual Return-to-Play (RTP)

To begin Return-to-Play progression, this student-athlete must meet all of these criteria to receive medical clearance to begin.

1. No concussion related symptoms at rest and no daily medication use to manage concussion-related symptoms (e.g. headaches)
2. No return of symptoms with physical and cognitive activities
3. Can complete full days of school with minimum classroom accommodations
4. Documented evaluation and diagnosis by MD, DO, Neuropsychologist

Date to begin Return-to-Play progression: _____ *(May be left blank if not cleared for RTP)*

Provider Signature: _____ **PA License #:** _____ **Date:** _____

*Clearance can only be given by **MD, DO, or Neuropsychologist***

SECTION 3

Return-to-Play Progression

This Return-to-Play, an example of graduated physical exercise, has been created using the 2016 Berlin Consensus Statement on Concussion in Sport. An initial period of 24-48 hours of both relative physical and cognitive rest is recommended prior to the beginning of a Return-to-play progression. It is recommended that there be at least 24 hours for each stage of the progression, if not longer. Time in each stage must be individually tailored based on the athlete's symptoms, level of play, age, etc. If any symptoms worsen during exercise, the athlete should go back to the previous stage.

- Stage 1: Symptom limited activities of daily living (completed prior to advancing to next stage)
- Stage 2: Non-impact aerobic activity (light to moderate intensity)
- Stage 3: Anaerobic interval training (stationary bike/elliptical/running)
- Stage 4: Strength training/non-contact specific drills
- Stage 5: Controlled contact practice
- Stage 6: Full contact return to play

Date of Completion: _____

Coordinated and deemed completed by: _____ **Signature:** _____

SECTION 4

The Licensed Athletic Trainer employed through Mount Nittany Health the school district, and/or the team physician reserve the right to not allow this student-athlete to return to competition or sport. This may occur if it is determined that this student-athlete has not met one of the above criteria, if clearance is given without adequate neurocognitive testing, unacceptable return-to-play progression, or is not cleared by a MD, DO, or Neuropsychologist. From the Berlin Statement, the SCAT 5 is not an appropriate measure of cognitive function for return to play.

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**Final Medical Clearance for Return to Sports
Participation Following Concussion**

I the undersigned MD, DO, or Neuropsychologist do hereby certify that this student athlete is:

- Symptom free at rest
- Reintegrated fully into necessary academics
- Symptom free during activity consistent with competition
- Neurocognitively at baseline as determined by appropriate neurocognitive testing and other measures as needed
 - Please provide a copy of measure(s) used to assess unrestrictive cognitive function
 - From 2016 Berlin Statement, note that the SCAT 5 is not an appropriate measure of cognitive function for RTP

I certify that: Per Pennsylvania law, I am trained in concussion evaluation and management in accordance with current medical evidence (2016 Berlin Concussion in Sport Group Consensus). The above-named student-athlete has met all the above criteria for final medical clearance for his/her recent concussion, and as of this date is ready to return to sports.

Provider Signature: _____ PA License #: _____ Date: _____
Clearance can only be given by MD, DO, or Neuropsychologist