

## CONCUSSION RETURN TO PLAY FORM

The use of this form is not required, but a written release from a physician (MD or DO) is required before any student returns to full sports participation following a concussion injury (K.S.A 72-7119).

### TO BE COMPLETED BY ATHLETIC TRAINER/SCHOOL MEDICAL PERSONNEL:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

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

Referring Athletic Trainer/School Medical Personnel: \_\_\_\_\_ Phone: \_\_\_\_\_

Athletic Trainer/School Medical Personnel Notes for Healthcare Provider:

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### GRADUATED RETURN TO PLAY PROGRESSION

Step	Complete	Activity
1	<input type="checkbox"/>	Symptom-limited activity. Daily activity that does not exacerbate symptoms (e.g., walking)
2	<input type="checkbox"/>	Light aerobic exercise such as stationary cycling or walking at a slow to medium pace. May progress to a moderate intensity and add light resistance training provided there is no more than a mild exacerbation* of symptoms.
Date: _____ Supervising Medical/School Personnel: _____		
3	<input type="checkbox"/>	Individual sport-specific exercise away from team environment. E.g., running, agility work, individual training drills. There should be no risk of head impact.
Date: _____ Supervising Medical/School Personnel: _____		
<b>Physician (MD or DO) release before progressing to steps 4-6.</b>		
<b>Steps 4-6 should only begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion. Academic modifications should NOT be needed when progressing to step 4 and beyond.</b>		
4	<input type="checkbox"/>	Non-contact training drills, progressing to high intensity drill work. Can begin integrating to team environment/non-contact practice.
Date: _____ Supervising Medical/School Personnel: _____		
5	<input type="checkbox"/>	Full contact practice; normal training activities.
Date: _____ Supervising Medical/School Personnel: _____		
6	<input type="checkbox"/>	Return to competition

\*Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0-10 scale for less than an hour when compared with the baseline value reported prior to physical activity.

- Step 1: May begin within 24-48 hours of injury **and before symptoms are completely resolved**., Progression through each subsequent step typically takes a minimum of 24 hours.
- Steps 1-3: If more than a mild exacerbation of symptoms occurs, the athlete should stop and attempt to exercise the next day.
- Steps 4-6: Athletes experiencing concussion-related symptoms should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.

### TO BE COMPLETED BY PHYSICIAN/HEALTHCARE PROVIDER:

Date of Evaluation: \_\_\_\_\_ School/Academic Modifications: ☐ None ☐ As indicated on Return to Learn form

Sports Participation:

- ☐ Cleared for full participation **AFTER** successful completion of graduated return to play protocol under guidance of athletic trainer/school medical personnel.
- ☐ Not cleared at this time.

- ☐ May participate in graduated return to play protocol under guidance of athletic trainer/school medical personnel. **Must return for additional physician visit to be cleared for sports participation.**
- ☐ No concussion diagnosed. Cause for signs/symptoms:

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Additional Physician Instructions: \_\_\_\_\_

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Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_ MD/DO

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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