



## TSSAA Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site ([www.cdc.gov/injury](http://www.cdc.gov/injury)). 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. **Please initial any recommendations that you select.**

Athlete's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_

**This return to play plan is based on today's evaluation.** Date of Evaluation: \_\_\_\_\_

Care plan completed by: \_\_\_\_\_ Return to this office. Date/Time \_\_\_\_\_

Return to school on (date) \_\_\_\_\_

- RETURN TO SPORTS**
- Athletes should not return to practice or play the same day that their head injury occurred.**
  - Athletes should never return to play or practice if they still have ANY symptoms.**
  - 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.

**The following are the return to sports recommendations at the present time:**

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 Physician for final clearance to return to competition.

- OR - \_\_\_\_\_ Cleared for full participation in all activities without restriction.

### Medical Office Information (Please Print/Stamp)

Physician's Name \_\_\_\_\_ Physician's Office phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Office Address \_\_\_\_\_  
\_\_\_\_\_

### 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:** Sports Specific practice

**Day 5:** Full contact in a controlled drill or practice.

**Day 6:** Return to competition