

MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION OR INJURY

This release is to certify that _____ has been examined
(Student-athlete's name)

due to experiencing the signs, symptoms and behaviors consistent with a concussion/brain injury or other injury. Following an examination, it is my medical opinion that he/she:

_____ **Is UNABLE to return to any participation in athletics until further notice.**

Return appointment scheduled on: _____
(Date)

_____ **May return to LIMITED participation in athletics on** _____
(Restrictions are noted below) (Date)

_____ **Following return to limited participation this STUDENT NEEDS TO RETURN FOR RE-EVALUATION before being released for full participation in athletics.**

_____ **May RETURN TO FULL participation in athletics on** _____
(Date)

Restrictions: _____

Appropriate Health Care Provider's Name (Type or print) **Date**

Appropriate Health Care Provider's Signature **Phone Number**

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

Parent's or Guardian's Signature **Date**

Parent's or Guardian's Home/Cell Phone # **Parent's or Guardian's Work Phone #**

**SEE PAGE 2 OF THIS FORM FOR
RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION**

RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION (GUIDELINES FOR LICENSED HEALTH CARE PROVIDERS)

Return to participation following a concussion is a medical decision made on an individual basis by licensed health care providers. Medical experts in concussion believe a concussed student should meet **ALL** of the following criteria in order to progress to return to participation. However, these criteria are **GUIDELINES ONLY** and not required by Iowa Code Section 280.13C when licensed health care providers determine a student's return to participation.

- **Asymptomatic at rest, and with exertion (including mental exertion in school), AND have written clearance** from physician, physician's assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer . ****Written clearance to return by one of these licensed health care providers is REQUIRED by Iowa Code Section 280.13C!***
- Once the criteria above are met, **the student should progress back to full activity following the stepwise process** detailed below. A licensed health care provider as defined in Iowa Code Section 280.13C, or their designee, should closely supervise this progression.
- **Progression to return is individualized and should be determined on a case-by-case basis.** Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. A student with a history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by a licensed health care provider as defined in Iowa Code Section 280.13C, or their designee.

- Step 1. Complete physical and cognitive rest.** No exertional activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
- Step 2. Return to school full-time /normal cognitive daily activities, or normal cognitive functions.**
- Step 3. Low impact, light aerobic exercise.** This step should not begin until the student is no longer having concussion symptoms and is cleared by the treating licensed health care provider. At this point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.
- Step 4. Basic exercise,** such as running in the gym or on the field. No helmet or other equipment.
- Step 5. Non-contact, sport-specific training drills** (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.
- Step 6. Following medical clearance*, full contact practice or training.**
- Step 7. Normal competition in a contest.**

NOTE: Generally, **each step should take a minimum of 24 hours.** If post concussion symptoms occur at **ANY** step, the student must stop the activity and their licensed health care provider as defined in Iowa Code Section 280.13C should be contacted. If any post-concussion symptoms occur during this process, the student should drop back to the previous asymptomatic level and begin the progression again after an additional 24-hour period of rest has taken place.

References: "Suggested Guidelines for Management of Concussion in Sports," NFHS Sports Medicine Advisory Committee 2009; "Consensus Statement on Concussion in Sport 4th International Conference in Sport Held in Zurich, November 2012," British Journal of Sports Medicine, 2013; 47:250-258.

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