BVSD Return to School/Play after Concussion Form

Section 1 is to be completed for ALL students; Section 2 is required for a student athlete’s Graduated Return to Play process to begin.

Student Name: ___________________________  DOB: ___________________________

School: ___________________________  Grade: ___________________________  Fax #: ___________________________

Date of Injury: ___________________________  Student may return to school on (Date): ___________________________

SECTION 1: RETURN TO SCHOOL (To be completed by HCP)

Student has been diagnosed with a concussion and academic adjustments should be provided until symptoms have resolved. **Academic adjustments will be determined by school staff.**

Student is to be re-evaluated on (Date) ___________________________.

**Note:** All physical activity (PE, recess, etc.) will be restricted until the student is cleared.

SECTION 2: RETURN TO ATHLETIC PARTICIPATION

This portion is to be used after a student athlete is removed from practice or competition due to concussion symptoms.

**REASON FOR REMOVAL FROM PLAY/COMPETITION:** (Completed by athletic trainer/coach – describe injury)

Printed Name Trainer/Coach: ___________________________  Date: ___________________________

HCP - Return to Play Permission

I have examined the above-named student athlete following his/her injury and have determined the following:

Permission is granted for the student to begin the Graduated Return to Play process when the student is no longer exhibiting concussion related symptoms and all academic adjustments have been resolved.

Permission is **NOT** granted for the student to begin the Graduated Return to Play process until they have been reevaluated.

**REEVALUATION DATE:** ___________________________

Signature of Health Care Provider: ___________________________

Printed Name of Health Care Provider: ___________________________  Date: ___________________________

Office Phone: ___________________________  Email Address: ___________________________

I understand the implications of concussion in youth and have been educated on the management of my child’s concussion. I give my permission for my child to begin the Graduated Return to Play process when they are free of concussion symptoms and are no longer receiving academic adjustments.

Signature of Parent: ___________________________  Date: ___________________________

Printed Name of Parent: ___________________________
BVSD Return to School/Play after Concussion Form

Instructions for completing the Boulder Valley School District Return to School/Play after Concussion Form

SECTION 1:

This section is to be completed by a Health Care Provider for ANY student exhibiting concussion symptoms, suspected of having a concussion, or suffering a head injury requiring follow up.

**Note to Provider:** BVSD’s protocol for any student with a concussion is to implement academic and physical activity adjustments until the concussion symptoms have resolved. Adjustments will be determined by school staff based on input from the health care provider, student and parent/guardian.

SECTION 2:

This section is required for any student athlete that has been removed from play or competition due to concussion symptoms.

Written authorization from BOTH a Health Care Provider and a parent/guardian must be obtained before the student athlete may begin the Graduated Return to Play (RTP) process.

- Health Care Providers legally permissible to clear a student athlete to begin a graduated RTP process include: Doctor of Medicine, Doctor of Osteopathic Medicine, Licensed Nurse Practitioner, Licensed Physician Assistant, or Licensed Doctor of Psychology with training in neuropsychology or concussion evaluation and management.

BVSD follows the Graduated Return to Play protocol based on the 4th International Conference on Concussion in Sport held in Zurich, November 2012, which includes 6 steps and requires a **minimum of five days** (24 hours symptom free after each stage) before returning to normal game play.

**Graduated Return to Play Protocol**

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
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<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling keeping intensity &lt;70% maximum predicted heart rate</td>
<td>Increase heart rate</td>
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<tr>
<td></td>
<td>No resistance training</td>
<td></td>
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<tr>
<td>3. Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
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<tr>
<td>4. Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey</td>
<td>Exercise, coordination, and cognitive load</td>
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<tr>
<td></td>
<td>May start progressive resistance training</td>
<td></td>
</tr>
<tr>
<td>5. Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6. Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>