

NORTH CREEK JR JAGUARS FOOTBALL

Concussion Return-to-Play Form

On site evaluation by: _____ (name/position)

Patient's Name: _____ Date of incident: _____

How did injury occur? _____

Symptoms:

<input type="checkbox"/> Headache	<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Nausea/vomiting
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Drowsiness
<input type="checkbox"/> Confusion	<input type="checkbox"/> Sensitivity to Light/Noise	<input type="checkbox"/> Foggy/Sluggish/Fatigue
<input type="checkbox"/> Personality Changes	<input type="checkbox"/> Concentration/Memory Problems	<input type="checkbox"/> Balance Problems
<input type="checkbox"/> Pressure in Head	<input type="checkbox"/> Recall Problems prior/post event	<input type="checkbox"/> Numbness/Tingling
Other: _____		

Assessments Performed:

<input type="checkbox"/> Orientation	<input type="checkbox"/> Immediate Memory	<input type="checkbox"/> Delayed Memory
<input type="checkbox"/> Concentration	<input type="checkbox"/> Coordination	<input type="checkbox"/> Balance
<input type="checkbox"/> PEARL	<input type="checkbox"/> Cranial Nerve Assessment	

Please take this form to your doctor's appointment to be filled out. This form must be completed and returned to your Head Coach before the athlete can start the return-to-play protocol. This form is not for general injury clearance.

Date of doctor visit: _____

Symptoms at time of visit:

I. Patient was seen on date above and allowed to return to **full activity** as of _____. **NO concussion diagnosed.**

II. _____ Patient is **ready** to start the monitored return-to-play protocol as of _____ (date) beginning at step _____.

Each step is separated by 24 hours; back up one day if any symptoms return.

1. No activity and rest until asymptomatic
2. Light aerobic exercise
3. Sport-specific exercise
4. Noncontact drills
5. Full-contact drills
6. Game play

Place office stamp or attach business card here:

III. _____ Patient is **not cleared** to start monitored return-to-play protocol and will be seen by treating doctor again on _____ (date)

IV. _____ Patient is being **referred** for further testing/evaluation to: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone: _____

Please make sure that this form is forwarded to Dan Curry (vp@jrjaguarsfootball.org) and Patrick Haberkamp (president@jrjaguarsfootball.org) so that we are able to keep record of all Head Injuries. Please make sure that all Head injuries are reported within 24 hours of the injury or report of injury.

NORTH CREEK JR JAGUARS FOOTBALL

Concussion Return-to-Play Form

Return to Play Progression - There are five gradual steps to help safely return an athlete to play

Baseline: No Symptoms

As the baseline step of the Return to Play Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. *Keep in mind, the younger the athlete, the more conservative the treatment.*

Step 1: Light aerobic activity **Date Completed:** _____ **Activity Verified By:** _____

- The Activities: Exercise bike, walking, or light jogging.
 - Absolutely no weight lifting, jumping or hard running
- The Goal: Only to increase an athlete's heart rate.
- The Time: 5 to 10 minutes.

Step 2: Moderate activity **Date Completed:** _____ **Activity Verified By:** _____

- The Activities: Moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting
- The Goal: Limited body and head movement.
- The Time: Reduced from typical routine.

Step 3: Heavy, non-contact activity **Date Completed:** _____ **Activity Verified By:** _____

- The Activities: Running, high-intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills. This stage may add some cognitive component to practice in addition to the aerobic and movement components introduced in Steps 1 and 2
- The Goal: More intense but non-contact
- The Time: Close to typical routine

Step 4: Practice & full contact **Date Completed:** _____ **Activity Verified By:** _____

- The Goal: Reintegrate in full contact practice.

Step 5: Competition **Date Completed:** _____ **Activity Verified By:** _____

- The Goal: Return to competition.

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If symptoms return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

The Return to Play Progression process is best conducted through a team approach and by a health professional who knows the athlete's physical abilities and endurance. By gauging the athlete's performance on each individual step, a health care professional will be able to determine how far to progress the athlete on a given day. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. It may take several weeks to months to work through the entire 5-step progression.

Please make sure that this form is forwarded to Dan Curry (vp@jrjaguarsfootball.org) and Patrick Haberkamp (president@jrjaguarsfootball.org) so that we are able to keep record of all Head Injuries. Please make sure that all Head injuries are reported within 24 hours of the injury or report of injury.