

HEAD INJURY HEALTHCARE

PROVIDER RELEASE :

Student Name: _____

Sport: _____ School: _____ Birthdate: _____
Date of Injury: _____ Description: _____

A concussion is a reaction by the brain to a force transmitted to the head from an impact or blow occurring anywhere on the body. Essentially, a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

The symptoms of a concussion result from a temporary change in the brain's function causing a short-term impairment of brain function. The signs of a concussion may occur immediately or evolve over minutes or days. There is a range of symptoms from a concussion, and students with concussions may display very different signs and symptoms.

In most cases, the symptoms of a concussion generally resolve over a brief period ranging from a few days or weeks; however, in some cases symptoms can last for several weeks or months. In a small number of cases, or in cases of re-injury during the recovery phase, permanent brain injury is possible. Children and adolescents are more susceptible to concussions and take longer than adults to fully recover. Therefore, it is imperative that any student who is suspected of having sustained a concussion be immediately removed from cognitive, athletic activity and other physical activities and remain out of cognitive, athletic and other physical activities until evaluated and cleared to return to activity by a licensed health care provider. Physical activities are all other types of physical movement that raise the heart rate, such as PE class, recess etc. Cognitive activities are those that stimulate activity in the brain and may occur with or without physical movement.

In accordance with the Concussion Management and Awareness Act, NYSED has promulgated Commissioner's regulations regarding concussion management and awareness which can be found at Section 136.5 of Title 8 of the New York Code of Rules and Regulations [8 N.Y.C.R.R.] In accordance with those regulations, a school shall require the immediate removal from athletic activities of any pupil who has sustained, or who is believed to have sustained, a mild traumatic brain injury. If there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that the pupil has been so injured until proven otherwise. No such pupil shall resume athletic activity until the pupil has been symptom free for not less than twenty-four hours and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class athletic activities, has received clearance from the medical director to participate in such activity. [8NYCRR 136.5 (d)]

Symptoms

Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- Fatigue and/or sleep issues (e.g., sleeping more or less than usual)

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Any loss of consciousness
- Suspicion of skull fracture: blood draining from ear, or clear fluid from nose

HEALTHCARE PROVIDER RELEASE:**RETURN TO PLAY PROTOCOL (RTP)**

Student Name: _____

Return To Play Protocol (RTP):

| | |
|----------------|---|
| Stage 1 | Begins when symptom-free for 24 hours 15 minutes of light aerobic activity: walk, swim, stationary bike, NO resistance training |
| Stage 2 | 15 minutes of moderate activity: jog, more intense walk, swim, stationary bike, NO resistance training |
| Stage 3 | 15 minutes moderate aerobic activity: run, skate, cycle. Resistance training: push-ups, sit-ups, burpies |
| Stage 4 | Sport Specific NON-Contact activity (1/2 of normal practice volume), Sprints, Change of Direction |
| Stage 5 | Return to Full Practice |
| Stage 6 | Eligible for Competition after completing RTP Protocol including signed acknowledgment from district medical director |

Section 1: First Physician Visit—To be completed by Healthcare ProviderDid the student sustain a concussion? **Yes No** (One or the other **MUST** be circled)

If NO, the Medical Diagnosis which explains his/her symptoms is: _____

Recommendations/Limitations: _____

Signature: _____ Date: _____

Section 2: Second Physician Visit (If required)—To be completed by Healthcare Provider

****Post-dated releases will not be accepted. The athlete must be seen and released on the same day. Athlete must be completely symptom free in order to begin the return to play progression. If the athlete still has symptoms more than seven days after injury, referral to a concussion specialist should be strongly considered.**

Please check one of the following:

_____ Athlete is asymptomatic and ready to begin the return to play progression.

_____ Athlete is still symptomatic and cannot begin the return to play progression.

Signature: _____ Date: _____

*The district medical director is the final person to clear a student to return to athletic activities (interscholastic sports) or physical activity. It is at the discretion of the district medical director to accept a private health care provider clearance or to require the student to complete a gradual return to play protocol prior to permitting the student to return to participation in interscholastic athletics or physical activity.

Section 3: Healthcare Provider Attestation

In New York State, the diagnosis of a concussion remains within the scope of practice of the following healthcare providers: **Physicians, Nurse Practitioners, and Physician Assistants**. These healthcare professionals may refer the student to other specialists once a diagnosis of concussion is made.

Healthcare Provider Signature_____
HCP Printed Name_____
Phone Number_____
Date**Section 4: Student And Parent Consent**

The **Return to Play Protocol** is the internationally recognized process by which concussed students are returned to physical participation as safely as possible. Participation in physical activity is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, a student is at more risk for another head injury with risk of permanent disability or death. By signing this form, the student and the parent indicate their understanding that the completion of the **Return to Play Protocol** is not a guarantee of safe return to physical activity participation. The parent accepts the risk of additional injury in requesting and consenting to the student's return to physical activity participation.

Student Athlete Signature_____
Date_____
Parent Signature_____
Date_____
Student Athlete's Printed Name_____
Parent's Printed Name