CONCUSSION CLEAR TO PLAY FORM

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (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 athlete following a concussion injury.

Athlete's Name _____ **Birth Date**: _____ **Date of Injury:** _____

This return to play plan is based on today's evaluation.

Care plan completed by: _____ **Evaluation Date:** _____

Date/Time to Return to Office: _____

RETURN TO SPORTS:

1. Athletes should NOT return to practice or play the same day that their head injury occurred.
2. Athletes should NEVER return to play or practice if they still have ANY symptoms.
3. Athletes, be sure that your coach and/or sports medicine provider are aware of your injury, symptoms, and have the contact information for the treating health care provider.

The following are the return to sports recommendations at the present time (Initial recommendations):

___ Do not return to sports practice or competition at this time.
___ May gradually return to sports practices under the supervision of the healthcare provider.
___ May be advanced back to competition after a phone conversation with a treating healthcare provider.
___ Must return to the treating healthcare provider for final clearance to return to competition.
___ Cleared for full participation in all activities without restriction.

Treating Healthcare Provider Information (Please Print/Stamp)
Check One:

___ MD or DO (CAQSM ONLY)
___ Mount Sinai Virtual Option (Email: rebecca.newman@mountsinai.org to schedule)
___ Neurologist
___ Neurophysiologist with Concussion Training

Provider's Name _____ **Provider License #** _____

Provider Signature _____

Phone Number _____ **Provider Email** _____

Office Address _____

Email completed form to SportsMedicine@usafencing.org

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Applies to: Participants of NACs, SJCCs, FIE-hosted domestic & international competitions
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Return to Sport (RTS) Strategy

Adopted from Guidelines to using the Sport Concussion Assessment Tool 6 (SCAT-6)

Secondary school or collegiate athletes should consult with their school or university policy on return to sports or school strategies if a policy exists at their institution.

Step	Exercise Strategy	Activity at Each Step	Goal
1	Symptom-limited activity.	Daily activities that do no exacerbate symptoms (e.g. walking).	Gradual reintroduction of work/school.
2	Aerobic exercise 2A – Light (up to approx. 55% max HR) then 2B - Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate.
3	Individual sport-specific exercise. Note: If sport-specific exercise involves any risk of head impact, medical determination of readiness should occur prior to step 3.	Sport-specific training away from the team environment (e.g., running, change or direction and/or individual training drills away from team environment). No activities at risk of head impact.	Add movement, change of direction.
Step 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills.	Exercise to high intensity including more challenging training drills (e.g. passing drills, multiplayer training). Can integrate into team environment.	Resume usual intensity of exercise, coordination, and increased thinking.
5	Full contact practice.	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport.	Normal game play.	

Note: Athletes may begin Step 1 (i.e. symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e. more than 2 points on a 0-10 scale) occurs during Step 1-3, the athlete should stop and attempt to exercise the next day. If an athlete experiences concussion-related symptoms during Steps 4-6, they should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by a healthcare provider (HCP) before unrestricted RTS as directed by local laws and/or sporting regulations.

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Return to Learn (RTL) Strategy

Adopted from Guidelines to using the Sport Concussion Assessment Tool 6 (SCAT-6)

Secondary school or collegiate athletes should consult with their school or university policy on return to sports or school strategies if a policy exists at their institution.

Step	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than a mild exacerbation of symptoms related to the current concussion.	Typical activities during the day (e.g. reading) while minimizing screen time. Start with 5-15 min at a time and increase gradually.	Gradual return to typical activities.
2	School activities.	Homework, reading, or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part time.	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities.
4	Return to school full time.	Gradually progress school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work.

Note: Following an initial period of relative rest (24-48 hours following injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through strategy for students should be slowed when there is more than a mild and brief symptom exacerbation.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child's doctor should help them get back to school after a few days. When going back to school, some children may need to go back gradually and may need to have some changes made to their schedule so that their concussion symptoms do not worsen. If a particular activity makes symptoms worse, then the child should stop that activity and rest until symptoms improve. To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school. Certain learning accommodations relative to test-taking and other learning assignments may be beneficial as well, and if applicable should be discussed with school, medical provider and neuropsychologist.

Note: If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first.

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