



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION  
**Return to Practice and Competition for Athletes with a Suspected Concussion**

Patient's Name: \_\_\_\_\_ Patient's D.O.B.: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Sport/Activity: \_\_\_\_\_

The patient has successfully (*Please Initial*):

- Returned to baseline at rest for any concussion signs or symptoms
- Returned to all school and social activities (return to learn)
- Completed a multi-day medically supervised graduated return to play protocol

Was pre-season baseline neuropsychological testing completed?  Yes  No

If "Yes", who performed the baseline testing? \_\_\_\_\_

If "Yes", when was the baseline testing performed? \_\_\_\_\_

Was post-injury neuropsychological testing completed?  Yes  No

If yes, who performed the post-injury testing? \_\_\_\_\_

When was the post-injury testing performed? \_\_\_\_\_

Did the post-injury testing return to baseline?  Yes  No

Meeting all of the above criteria is necessary for releasing a patient for unrestricted return to practice and competition, but does not encompass all aspects of medical decision making for this injury. In conjunction with meeting the above criteria, the healthcare provider must consider many modifiers and situations unique to the patient in making the clearance decision.

This patient is cleared to return to full practice and play as of (*Date*): \_\_\_\_\_

Name of Licensed Healthcare Provider (MD, DO, ARNP, PA-C, LAT) (*Print*): \_\_\_\_\_

Signature of Licensed Healthcare Provider: \_\_\_\_\_

Date form signed: \_\_\_\_\_

Date of last patient visit: \_\_\_\_\_

Contact number/email of Licensed Healthcare Provider: \_\_\_\_\_

## Resources:

5<sup>th</sup> International Consensus Statement on Concussion in Sport and Sideline Concussion Assessment Tool  
Version 5 (SCAT5)

- <https://bjsm.bmj.com/content/bjsports/51/11/838.full.pdf>  
(accessed 02/26/19)
- <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>  
(accessed 02/26/19)
- Return to Learn  
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>  
(accessed 02/26/19)
- [https://www.cdc.gov/headsup/basics/return\\_to\\_school.html](https://www.cdc.gov/headsup/basics/return_to_school.html)  
(accessed 02/27/19)
- <http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full.pdf+html>  
(accessed 02/27/19)

## Graduated Return to Learn/School Example (from SCAT5)

### Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

**Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.**

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	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 school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

**The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.**

## Graduated Return to Play Example (from SCAT5)

### Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

**Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.**