

# Healthcare Provider Release Form: Return to Play Protocol (RTP)

Student: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Description: \_\_\_\_\_

## Important Note to Healthcare Provider:

Per AS14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by an Athletic Trainer or by a qualified person who verifies that he or she is currently trained in the evaluation and management of concussions. "Qualified Person" means either:

1. A health care provider licensed in Alaska, or exempt from licensure under Alaska Law AS 08.64.370(1), (2), or (4) or
2. A person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, Athletic Trainer means a Licensed Athletic Trainer.

As interpreted by ASAA, "Trained" means that the provider:

1. Has completed the online CDC Concussion Course for Clinicians ([www.preventingconcussions.org](http://www.preventingconcussions.org)) within the last 2 years
2. Has **a)** completed 2 hours of CME in Sports Concussion Management within the last 2 years, or **b)** has completed a one-year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

**IF YOU DO NOT MEET THESE CRITERIA, PLEASE REFER THE STUDENT ATHLETE TO A HEALTHCARE PROVIDER WHO DOES.**

## If an athlete is removed from participation in an activity because of suspected concussion:

- But is found **not to have a concussion**, the athlete's return to play should be determined by the athlete's medical provider in accordance with the provider's assessment of the athlete's condition and readiness to participate.
- And is **determined to have sustained a concussion**, the athlete's readiness to return to participation should be assessed in accordance with the Alaska School Activities Association's graduated **Return to Play (RTP)** program. All student athletes with a concussion must successfully complete the **RTP** program described below before resuming full athletic activity.

Students should begin with a period of complete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and the athlete feels able, he/she can begin trials of cognitive work, e.g. reading, texting, computer, TV, school. The introduction of cognitive work should be in short increments which increase progressively in length and intensity so long as concussion symptoms do not recur or worsen. When several hours of cognitive work are well tolerated at home, then attendance at a half day of school is appropriate. When a full day of school is tolerated, then homework is added. Academic accommodations may be necessary for student athletes attending school when they still have concussion symptoms. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued, additional cognitive work should be minimized until symptoms regress, and the student can attempt to advance cognitive work again on the following day.

Only when the concussion symptoms have been entirely absent for 24 hours, does Day 1 of the progressive return to physical activity begin. The **Return to Play Protocol** is to take place over a **minimum of six days, with at least 24 hours between each step**. The rate of progression through the steps in the program is individualized by the supervising healthcare provider. Factors which may slow the rate are young age (18 or less), history of previous concussion, number/severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop until 24 hours after resolution of the symptoms, and then resume at the previous step.

**Neurocognitive Evaluation Required:** Mat-Su Schools require that a medical release to return to sports participation following a concussion be based upon a neurocognitive assessment or evaluation. A physical examination, alone, is not sufficient.

## Athlete and Parent/Guardian Consent

The **Return to Play Protocol** is the internationally recognized process by which concussed athletes are returned to athletic participation as safely as possible. Participation in athletics is accompanied by the risk of injury, permanent disability, and death. Having recently sustained a concussion, an athlete is at more risk for another head injury with risk of permanent disability or death. By signing this form, the athlete and the parent/guardian indicate their understanding that the completion of the **Return to Play Protocol** is not a guarantee of safe return to athletic participation. The parent/guardian accepts the risk of additional injury in requesting and consenting to the athlete's return to athletic participation. Please notify your child's Activities Director or School Nurse if provider recommends removal from school during the concussion recovery time so that teachers can be notified and school accommodations can be made.

\_\_\_\_\_  
Student Athlete's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

**Healthcare Provider Release Form: Return to Play Protocol (RTP)**

Directions: Please complete Section 1 or Sections 2/3 as needed. Student: \_\_\_\_\_

**Section 1: The Non-Concussed Athlete- To be completed by Healthcare Provider**

Student has **NOT** sustained a concussion. Please note the **Medical Diagnosis** which explains his/her symptoms. This is **REQUIRED** if checking this box: \_\_\_\_\_

Student is cleared to return to full sports participation. **Medical Dx:** \_\_\_\_\_

Student is cleared for limited participation with the following restrictions: \_\_\_\_\_

**\*NOTE: If student is found to be free of a concussion, a post-injury neurocognitive assessment is not required.**

\_\_\_\_\_  
 Healthcare Provider's Signature          HCP Printed Name          Alaska License Number          Date

**Section 2: The Concussed Athlete- To be completed by Healthcare Provider**

Student has sustained a concussion and is not yet ready to begin the **Return to Play Protocol**. \_\_\_\_\_  
 Initials (Date)

Student is cleared to begin the **Return to Play Protocol** with any modifications noted below. \_\_\_\_\_  
*This clearance is no longer effective if student's symptoms return and persist.* Initials (Date)

Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol described above. The athlete is medically eligible to return to competition.

\*Please note any additional restrictions to the **Return to Play Protocol** below:

\_\_\_\_\_  
 Healthcare Provider's Signature          HCP Printed Name          Alaska License Number          Date

Symptomatic Stage: Physical and Cognitive Rest; then, incremental cognitive work, without provoking symptoms.		Date	Supervisor's Initials
Day 1	Begins when symptoms- free for 24 hours 15 minutes of light aerobic: walk, swim, stationary bike, NO resistance training		
Day 2	30 minutes light-moderate: jog, more intense walk, swim, stationary bike, NO resistance training; START PE class at previous day's activity level; As RTP Protocol activity level increases, PE activity level remains 1 day behind		
Day 3	30 minutes moderate-heavy aerobic activity: run, swim, cycle, skate, Nordic ski, No resistance training		
Day 4	30 minutes heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski 15 minutes resistance training: push-ups, sit-ups, weight-lifting		
Day 5	Return to practice, non-contact LIMITED participation; routine sport-specific drills (Hockey: dryland only)		
Day 6	Return to FULL CONTACT practice		
Day 7	Medically eligible for competition after completing RTP Protocol and is cleared by Healthcare Professional; Eligibility criteria must be met before return to competition		

**Section 3: Healthcare Provider Attestation- To be completed by Healthcare Provider**

By signing this form, I attest that I am a **Qualified healthcare provider as authorized under AS14.30.142** and that I meet the ASAA definition of "Currently Trained" in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete's concussion. I also knowledge receipt of this student's data (if applicable) provided by Mat-Su School District to aid in my decision-making.

\_\_\_\_\_  
 Healthcare Provider's Signature          HCP Printed Name          Alaska License Number          Date