

Physician Concussion School Care Plan Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/headsup). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and the care of the scholastic athlete following a concussion injury.

Student's Name _____ Date of Birth: _____

Date of Injury: _____

Date of Evaluation: _____

The following are my recommendations at the present time:

1. _____ Initial evaluation reveals no evidence of a concussion. Cleared for full academic and athletic activities.
2. _____ Student does have a concussion.
 - a. _____ No school or school academic activities at this time.
 - b. _____ Student may return to school with a reduced academic workload and no athletic activities. (Check all appropriate academic restrictions that apply):
 - _____ Shortened day. Recommend _____ hours per day _____ as tolerated
 - _____ Shortened classes (i.e. rest breaks during classes)
Maximum class length: _____ minutes _____ as tolerated
 - _____ Allow extra time to complete coursework/assignments and tests.
 - _____ Lessen homework load by _____%.
Maximum length of nightly homework: _____ minutes _____ as tolerated
 - _____ No classroom or standardized testing at this time.
 - _____ Take rest breaks during the day as needed.
3. _____ Prolonged Symptoms/Illness: Request meeting of 504 or School Management Team to discuss this plan and needed supports.
4. _____ Concussion resolved. Cleared for full academic participation and may resume all athletic activities without restrictions after completing the Graduated Return to Athletics Protocol.

Date of next evaluation: _____

Medical Office Information (Please print/stamp)

Physician's Name _____

Physician's Signature _____

Physician's Office Phone _____

Office Address _____

MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION OR OTHER INJURY

Student's Name: _____ Date of Injury: _____

This release is to certify that the above named student has been examined due to experiencing the signs, symptoms and behaviors consistent with a concussion or other brain injury, or other injury.

Following an examination, it is my medical opinion that he/she:

_____ **Is UNABLE to return to any participation in athletics until further notice.**

Return appointment scheduled on: _____
(Date)

_____ **May return to LIMITED participation in athletics on** _____
(Restrictions are noted below) (Date)

_____ **Following return to limited participation this STUDENT NEEDS TO RETURN FOR RE-EVALUATION before being released for full participation in athletics.**

_____ **May RETURN TO FULL participation in athletics AFTER following steps 2-5 of the concussion return-to-play protocol that appears on page 3 of this medical release.**

_____ **May RETURN TO FULL participation in athletics on** _____
(Date)

Restrictions: _____

Licensed Health Care Provider's Name (Type or print) **Date**

Licensed Health Care Provider's Signature **Phone Number**

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

Parent's or Guardian's Signature *Date*

Parent's or Guardian's Home/Cell Phone # *Parent's or Guardian's Work Phone #*

SEE PAGES 2-3 OF THIS FORM FOR RETURN-TO-PLAY PROTOCOL FOLLOWING A CONCUSSION

CHAPTER 54 CONCUSSION OR OTHER BRAIN INJURY RETURN-TO-PLAY PROTOCOL

The Public Health Department hereby adopts new Chapter 54, "Concussion or Other Brain Injury Return-to-Play Protocol," Iowa Administrative Code. These rules are intended to implement Iowa Code section 280.13C.

641—54.2(280) Definitions. For the purpose of these rules, the following definitions shall apply.

"Asymptomatic" means the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury.

"Contest" means an interscholastic athletic game or competition.

"Extracurricular interscholastic activity" means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union that is a contact or limited contact activity as identified by the American Academy of Pediatrics.

"Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.

"Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

"Rest" means a recovery state at which physical and cognitive activities are reduced or removed with the intent to eliminate the signs, symptoms, or behaviors of brain injury.

"Return-to-learn plan" means the plan developed by personnel of a school district or accredited nonpublic school based on guidance developed as required under Iowa Code section 280.13C(6)"b" to provide adjustments or accommodations as the student returns to the classroom.

"Return-to-play" means the gradual, step-wise approach to returning a student to participation in any extracurricular interscholastic activity following a concussion or other brain injury.

641—54.3(280) Return-to-play protocol. The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is **no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider** to return to or commence such participation.

54.3(1) Return-to-play process. Each step shall take a minimum of 24 hours.

a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.

b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.

54.3(2) *Return-to-play steps.*

Step 1: Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, **AND** the athlete is back to regular activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.

Step 2: Low impact, light aerobic exercise. Walking or stationary cycling at slow to medium pace. No resistance/weight training.

Step 3: Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

Step 4: Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills) in full equipment. Resistance/weight training may begin.

Step 5: Full contact practice and participation in normal training activities.

Step 6: Contest participation.

This chapter describes the return-to-play protocol for concussion or other brain injury to be adopted by July 1, 2019, by the board of directors of each school district and the authorities in charge of each accredited nonpublic school with enrolled students who participate in an extracurricular interscholastic activity in grades seven through twelve.

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