

# Bishop McDevitt Concussion Program

## Return to Play Form

---

*This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website. [www.cdc.gov/injury](http://www.cdc.gov/injury). All medical providers, parents and athletic trainers are encouraged to review this site if they have any questions regarding the latest information on the evaluation and care of the athlete following concussion.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

---

This return to play plan is based on today's evaluation including the following:

History and Physical Examination       Neurocognitive Testing (SCAT 3 or Impact)

General Guidelines:

1. Athlete should NEVER return to play the same day that a head injury has occurred.
  2. Athlete should NEVER return to play if they are having ANY SYMPTOMS.
  3. Coach or Athletic Trainer should contact physician with any questions.
  4. The concussed athlete should avoid overstimulation (bright light, loud music, texting, television)
- 

The current Return to Sports/Activity Instructions are as follows:

SCHOOL:       Student should not return to school until \_\_\_\_\_  
                   Student may return to school with restrictions (please attach).  
                   May return to school and handle normal workload/assignments.

PHYS ED:       Do not participate in physical education at this time.  
                   May participate in physical education at this time.

SPORTS:       Do not return to sports (practice or play) at this time.  
                   Return for re-evaluation on \_\_\_\_\_.

May gradually return to sports based on guidance of ATC at school.

                                  \*Return to Play Guidelines/Phases are below.

Must return to physician before final clearance.

Cleared for full participation in all activities without restriction.

                                  \*Already completed Return to Play Guidelines under ATC supervision

---

### Return to Play Guidelines/Phases

*Return to play should occur in a gradual step-wise fashion over a minimum of five to seven (5-7) days. Pay close attention to symptoms including headache, ability to focus/concentrate, and nausea. **If you experience any symptoms do not progress to the next stage.** Contact a physician if symptoms persist.*

\_\_\_\_ **Phase I** (Day 1-2): **Low level physical activity** (Student Athlete must be asymptomatic at rest).

Activities include: walking, light jogging, light stationary biking, and low weight/high repetition weight lifting.

\_\_\_\_ **Phase II** (Day 3-4): **Moderate physical activity.** Progress to more intensity in similar activities to Phase I, moderate pace jogging, brief printing and heavier weight lifting.

\_\_\_\_ **Phase III** (Day 5): **Heavy NON-CONTACT physical activity.** Sprinting, progress to normal weight-lifting routine, and sports specific activities (agility drills).

\_\_\_\_ **Phase IV** (Day 6): Full contact in practice and controlled drills.

\_\_\_\_ **Phase V** (Day 7): Return to competition.

---

Physician's Signature: \_\_\_\_\_ Physician's Name (Printed): \_\_\_\_\_  
Office Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_