**Gfeller-Waller Concussion Clearance - NCHSAA Return to Play Form**

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan [http://www.cdc.gov/concussion/index.html](http://www.cdc.gov/concussion/index.html) and the NCHSAA concussion Return to Play Form.)

<table>
<thead>
<tr>
<th>Athlete’s Name</th>
<th>Date of Birth</th>
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<table>
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<tr>
<th>School</th>
<th>Team/Sport</th>
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</table>

### Injury History

Person completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Name of person completing form:</th>
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#### Injuy History

- **Lost of consciousness or unresponsiveness?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ minutes / hours

- **Seizure or convulsive activity?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ minutes / hours

- **Balance problems/unsteadiness?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Dizziness?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Headache?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Nausea?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Emotional instability (abnormal laughing, crying, anger?)**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Confusion?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Difficulty concentrating?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Vision problems?**
  - Yes | No
  - Duration (write number/ circle appropriate): ___ hrs / days / weeks /continues

- **Other**
  - YES | NO
  - Duration (write number/ circle appropriate): ___ minutes / hours

Describe the injury, or give additional details:

________________________________________________________________________________________

### Medical Provider Recommendations

(to be completed by a medical provider)

This return to play (RTP) plan is based on today’s evaluation.

#### Return to Sports

- **PLEASE NOTE**

1. **Athletes are not allowed 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 athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.**

#### School (Academics)

- □ May return to school now
- □ May return to school on ___ ___
- □ Out of school until follow-up visit

#### Physical Education

- □ Do NOT return to PE class at this time
- □ May return to PE class
- □ Can return to PE class after RTP progression

#### Sports (check all that apply)

- □ Do not return to sports practice or competition at this time.
- □ May start return to play progression under the supervision of the health care provider for your school or team
- □ May be advanced back to competition after phone conversation with attending physician
- □ Must return to medical provider for final clearance to return to competition
- □ Has completed a gradual RTP progression (see example on reverse) w/o any recurrence of symptoms & is cleared for full participation

Additional comments/instructions:

________________________________________________________________________________________

**Physician Name (please print) ___________________________ MD or DO**

**Signature (Required) ___________________________**

**Date ___________________________**

**Office Address ___________________________**

**Phone Number ___________________________**

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

**Medical Provider Name (please print) ___________________________**

**NP, PA-C, LAT, Neuropsychologist (please circle one)**

**Office Address ___________________________**

**Phone Number ___________________________**

**Signature ___________________________**

**Date ___________________________**

**Name and contact information of supervising/collaborating physician ___________________________**

**General Statutes and has training in concussion management.**
**Academic Recommendations** (to be completed by a medical provider)

Following concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Activities such as reading, watching TV or movies, video games, working/playing on the computer and/or texting heavily stimulates the brain and can lead to prolonged symptom recovery. Therefore, immediately following a concussion mental rest is key. Student-athletes present a challenge, as they will often have school the day following an injury. Healthcare providers need to consider if modifications to school activities should be made to help facilitate a more rapid recovery. Modifications that may be helpful follow:

**Return to school with the following supports:**

- Shortened day. Recommended ____ hours per day until (date)________________________
- Shortened classes (i.e. rest breaks during classes). Maximum class length ____ minutes.
- Allow extra time to complete coursework/assignments and test.
- Lessen homework load to maximum nightly ____ minutes, no more than _____min continuous.
- Lessen computer time to maximum ____ minutes, no more than _____min continuous.
- No significant classroom or standardized testing at this time, as this does not reflect the patient’s true abilities.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.

**Gradual Return to Play Plan**

Once the athlete is completely symptom-free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started. All players must complete a Return to Play Protocol that proceeds in a step-wise fashion with gradual, progressive stages. This begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary cycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. Monitoring of acute signs/symptoms during the activity, and delayed symptoms at 24 hours post-activity should conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc) both during and in the minutes to hours after each stage. After supervised completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity. An athlete should ONLY be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom-free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to “re-start” twice, consultation with a healthcare provider is suggested. An example of a Return-To-Play protocol is found below:

<table>
<thead>
<tr>
<th>STAGE</th>
<th>EXERCISE</th>
<th>DATE</th>
<th>COMPLETED/COMMENTS</th>
<th>SUPERVISED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20-30 min of cardio activity: walking, stationary bike. Weightlifting at light intensity (no bench, no squat): low weight, high reps. Goal: 30-40% of maximum HR</td>
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<tr>
<td>2</td>
<td>30 min of cardio activity: jogging at medium pace. Sit-ups, push-ups, lunge walks x 25 each. Weightlifting at moderate intensity. Goal: 40-60% of maximum HR</td>
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<tr>
<td>3</td>
<td>30 minutes of cardio activity: running at fast pace. Sit-ups, push-ups, lunge walks x 50 each. Sport-specific agility drills in three planes of movement. Resume regular weightlifting routine. Goal 60-80% of maximum HR</td>
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<tr>
<td>4*</td>
<td>Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, non-contact, sport-specific agility drills x 60 minutes. Goal 80-100% of maximum HR</td>
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<td>5</td>
<td>Participate in controlled contact practice.</td>
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<td>6</td>
<td>Resume full participation in competition.</td>
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*Consider consultation with collaborating physician regarding athlete’s progress prior to initiating contact at Stage 5