

Return to Physical Activity Concussion/Brain Injury

If a student has been/is suspected of having a concussion, a medical doctor must sign this form.

Student's Name: _____

The student must complete the following 2 visits with the medical doctor and follow the medical doctor's instructions below:

Medical Doctor Visit #1

No concussion – student may return to:

- regular classroom activities
- regular physical education class activities
- intramural activities/clubs
- interschool sport activities

Medical Doctor's signature: _____ Date: _____

Comments:

OR

Concussion - no physical activity until symptoms and signs have gone

Medical Doctor's signature: _____ Date: _____

Comments:

Note:

The student/parent/guardian must provide this form to the school administrator/Principal who will inform all relevant personnel whether the student can participate in all activities OR a concussion has been diagnosed and no physical activity is permitted until signs and symptoms have gone.

When a concussion is diagnosed, the student and parents/guardians monitor symptoms and signs of a concussion throughout the Return to Physical Activity Process. As a part of this monitoring, ongoing communication must occur between the administration (Principal) and parent/guardian throughout Steps 1-4 of the Return to Physical Activity Process (6 Step Approach)

Return to Physical Activity Process (6 Step Approach)

A student with a diagnosed concussion is to follow the medically supervised six step Return to Physical Activity Process below. All steps must be completed. The form is to be used throughout the six step Return to Physical Activity Process to track the attainment of each step, including the necessary signatures by the medical doctor, parent/guardian and teacher/coach.

The student may proceed to the next step only when he or she is asymptomatic at the current step.

Procedures

- Steps are not days - each step must take a minimum of 24 hours.
- The length of time needed to complete each step will vary based on the severity of the concussion and on the student.
- If signs and symptoms return during any one of the steps the student must:
 - stop all physical activities immediately
 - rest for a minimum of 24 hours (i.e., physical and cognitive rest)
 - return to Step 1

Parent/Guardian Responsibilities

Step 1:

Rest: No activity, complete physical rest and cognitive rest, limiting activities that require concentration and attention (reading, texting, television, computer, video/electronic games)

Duration: Until asymptomatic for a minimum of 24 hours.

My signature below indicates that my child/ward had completed Step 1 of the Return to Physical Activity Plan (cognitive and physical rest at home) and his/her symptoms have shown improvement. My child/ward will proceed to Step 2.

Parent/Guardian Signature: _____ Date: _____

Step 2:

Activity: Individual activity only. Light aerobic exercise (e.g., walking or stationary cycling).

Duration: Maximum of 10-15 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No participation with equipment or with other students.

My signature below indicates that my child/ward is symptom free after Steps 1 and 2 and I give permission for my child/ward to proceed to Step 3 and participate in physical activities as described.

Parent/Guardian Signature: _____ Date: _____

School Responsibilities

Step 3:

Activity: Individual activity only. Sport specific exercise (e.g., running drills, ball drills, shooting drills).

Duration: Maximum of 20-30 minutes over a 24 hour period.

Restrictions: No resistance/weight training. No competition (including practices, scrimmages). No body contact, head impact activities (e.g., heading a ball in soccer), and other jarring motions (e.g., high speed stops, hitting a baseball with a bat).

Step 4:

Activity: Activities where there are minimal opportunities for body contact (e.g., dance, badminton, volleyball). Reviewing offensive and defensive plays at a slower speed. Light resistance/weight training. Non-contact practice and non-contact sport specific drills.

Restrictions: No activities that involve body contact or head impact (e.g., “heading the ball” in soccer).

School Communication with Parent/Guardian:

The teacher's/coach's signature indicates that your child/ward has successfully completed Steps 3 and 4 and now requires a medical doctor's check-up prior to being permitted to engage in physical education class, intramural activities, interschool activities in non-contact sports and full training/practices interschool activities.

Teacher/Coach signature: _____ Date _____

Parent/Guardian Responsibility

Note: After Step 4 and before Step 5 (return to full contact training/practice), the student must return to the medical doctor for final approval to engage in interschool activities.

Medical Doctor Visit #2

Concussion symptoms and signs have gone – the student may return to:

- regular physical education class activities;
- intramural activities/clubs;
- interschool sport activities. (see restrictions)

Medical Doctor’s signature: _____ Date: _____

Comments:

Note: This form must be returned to the school administrator (Principal) who will inform all relevant personnel when the student can participate in all activities with no restrictions.

Step 5:

Activity: Full participation in regular physical education/intramural activities/interschool teams with no body contact. Full contact training/practices for interschool teams that involve body contact.

Restrictions: No competition (e.g., games, meets, events) that involve body contact.

Note: After Step 4 is completed and the Medical Doctor Visit #2 has taken place, school staff will determine when to proceed to Step 6.

Step 6:

Activity: Full participation in all physical activities, including full contact games.

Restrictions: None.

Return of Symptoms

If at any time the student experiences concussion related sign and/or symptoms, please contact the school administration (Principal) immediately.