

# USA HOCKEY CONCUSSION MANAGEMENT - RETURN TO PLAY FORM UTAH

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports. **This form is to be used after an athlete has been removed from athletic activity due to a suspected concussion and must be signed by their medical provider in order to return without restriction to training, practice and competition.**

Player Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

District/Affiliate: \_\_\_\_\_ Name of person reporting: \_\_\_\_\_

Association and Team: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Injury/Arena: \_\_\_\_\_

Injury signs/symptoms: \_\_\_\_\_

**In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. There is a minimum 24 hour period between each step. If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.**

## **Graduated Return-to-Sport (RTS)-**

*An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS progression.*

Stage 1 – Symptom limited activity (Daily activities that do not provoke symptoms)

Stage 2 – Light aerobic exercise (Walking or stationary cycling at slow to medium pace. No resistance training)

Stage 3 – Sport-specific exercise (Running or skating drills. No head impact activities)

Stage 4 – Non-contact training drills (Harder training drills, eg. passing drills. May start progressive resistance training)

Stage 5 – Full-contact practice with MEDICAL CLEARANCE (Participate in normal training activities)

Stage 6 – Return to sport (Normal game play)

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

**I HEREBY AUTHORIZE THE ABOVE NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.**

**My signature also indicates that in the last 3 years I have completed training in the evaluation and management of concussions as outlined in Utah Code 26-53-101).**

Print Health Care Professional Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION. Print name:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I AM THE COACH OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.**

Name: \_\_\_\_\_ Coach Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_