



Concussion Return to Play Clearance Letter



Fax this completed form to:
 Kendall Goldberg 717-412-9175 (kgoldberg@bswrehab.com)
NOTE: DO NOT FAX UNTIL TOTALLY CLEARED TO RETURN TO FULL COMPETITION/GAMES

PLAYER'S NAME: _____ Date of Injury: _____ Date of Birth: _____
 TEAM NAME: _____ PARENT/GUARDIAN'S NAME: _____
 Contact Number: _____

The player above has been evaluated by a neuropsychologist and/or physician experienced in concussion management. Neuropsychologist and/or physician determined: (select all that apply)

- No concussion diagnosed and no follow up needed. **Athlete CLEARED to return to competition.**
- Concussion diagnosed, athlete is actively symptomatic, and not ready to start the Return to Competition Protocol. **Athlete NOT CLEARED to return to competition. Visit Date: _____**
- Concussion was diagnosed, athlete not actively symptomatic, and ready to start the Return to Competition Protocol. **Athlete NOT CLEARED to return to competition. Visit Date: _____**
(MUST COMPLETE STEPS 1 AND 2 PRIOR TO CLEARANCE)

STEP 1: RETURN TO GAME/COMPETITION PROTOCOL:

Days	Rehab Stage	Functional Exercise	Objective	Date competed	Supervision (initial)
0	No Activity	Physical and Cognitive Rest	Recovery		
1	Light Aerobic activity (15-20 minutes)	Fast Walk or stationary bike 15-20 minutes with supervision	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 1 again. *Asymptomatic for 24 hours= proceed to Day 2		
2	Sport-Specific Exercise (20 minutes)	Jogging/Running 20 minutes E.g. Running Drills, Skating (hockey), etc. No Contact!	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 2 again. *Asymptomatic for 24 hours= proceed to Day 3		
3	Non-Contact Training Drills (45 minutes)	Sports Drills for 30-45 minutes E.g. passing, dribbling, turning, etc. No Contact!	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 3 again. *Asymptomatic for 24 hours= proceed to Day 4		
4	Full participation in noncontact practice	No Contact! Participate in the full length of practice: skills practice, conditioning, etc.	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 4 again. *Asymptomatic for 24 hours= proceed to Day 5		
5	Full Practice with no restrictions	Normal Practice participation	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 5 again. *Asymptomatic for 24 hours= proceed to Day 6		
6	Full Practice with no restrictions	Normal Practice participation	*Symptoms return= STOP! 24 hrs rest until asymptomatic and start Day 6 again. *Asymptomatic for 24 hours= proceed to Day 7		
7	Return to Competition	Re-evaluation	See STEP 2		

*Completion of accepted return to play protocol should be under the guidance of your healthcare provider

STEP 2: Concussion was diagnosed, athlete not actively symptomatic, and athlete successfully completed the Return to Competition Protocol. **Athlete CLEARED to return to full competition. Date Cleared: _____**

Physician or Neuropsychologist Name (PRINT): _____ Date: _____
 Physician or Neuropsychologist signature: _____ Phone: _____
 Name of Practice: _____