# Licensed Health Care Provider Concussion Evaluation Recommendations Form

Licensed Health Care Providers (LHCP) are STRONGLY ENCOURAGED by the NCHSAA to have expertise and training in concussion management. LHCP's include the following: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician's Assistant (PA), Licensed Nurse Practitioner (NP), Licensed Neuropsychologist, or Physical Therapist.

Name of Athlete: _____DOB: _____Date of Evaluation: _____

*All NCHSAA member school student-athletes diagnosed with a concussion are STRONGLY RECOMMENDED to have input from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit.* 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 (https://www.cdc.gov/heads-up/index.html) and the NCHSAA Concussion Return to Play Protocol.

The recommendations indicated below are based on today's evaluation.

RETURN TO SCHOOL / ACADEMICS:

PLEASE NOTE

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations form**.

LHCP identified below should check all recommendations that apply.

□ Out of school until _____/_____/20___ (date).
□ Return for further evaluation on _____/_____/20___ (date).
□ May return to school on _____/_____/20___ (date) with accommodations selected on the **LHCP Concussion Return to Learn Recommendations form**.
□ May return to school now with no accommodations needed.

RETURN TO SPORTS & PHYSICAL EDUCATION:

PLEASE NOTE

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCHSAA Concussion Return to Play (RTP) Protocol** has been designed using a step-by-step progression and is REQUIRED to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

LHCP identified below should check all recommendations that apply.

□ Not cleared for sports at this time.
□ Not cleared for physical education at this time.
□ May do light physical activity that poses no risk of head trauma such (i.e. walking laps).
□ Must return to the examining LHCP for clearance before returning to sports / physical education.
□ May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
□ May start the RTP Protocol under monitoring of First Responder. The supervising LHCP must review progress of student-athlete through stage 3 BEFORE beginning stage 4, AND after Stage 5 is complete either electronically, by phone, or in person. An additional office visit is not required unless otherwise indicated by the LHCP.
□ May start the RTP Protocol under monitoring of a LHCP and progress through all 5 stages with no office contact necessary unless required by the examining LHCP. REMINDER: Athlete ***must*** be asymptomatic with physical and cognitive activity before Stage 4 can begin.
Comment: _____

_____ _____
Signature of MD, DO, LAT, PA, NP, Neuropsychologist, PT (please circle) Date

_____ _____
Please Print Name Phone Number

**** The LHCP above has delegated aspects of the student-athlete's care to the individual designated below: ****

_____ _____
Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (please circle) Date

_____ _____
Please Print Name Phone Number