

NCHSAA Concussion Return to Play (RTP) Protocol Form

Name of Athlete: _____ DOB: _____ Sport: _____

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

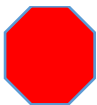
*The NCHSAA Concussion RTP Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol under the direction of a LHCP if a LHCP is unavailable directly.

*Current evidence shows that **exercise** can be safely started **quickly** (typically within 24-48 hours following concussion) with careful monitoring. The Return to Play Protocol outlined below demonstrates the program approved by the NCHSAA which will allow student-athletes to return to activity safely. This early physical activity ("**prescribed exercise**") is to be clinically directed and can include prescribed aerobic and light resistance exercise (all without any risk of head trauma).

*Student-athletes should be evaluated daily as they proceed through the protocol and **MUST BE SYMPTOM FREE DURING AND AFTER ACADEMIC AND PHYSICAL EXERTION BEFORE BEING ALLOWED TO PROCEED TO STAGE 4.**

PRESCRIBED EXERCISE FOR CONCUSSION TREATMENT

STAGE	EXERCISE STRATEGY	GOAL	DATE(S) COMPLETED	COMMENTS	MONITORED BY
This section indicates an appropriate example of a prescribed exercise program as part of an athlete's treatment plan. It is expected that it may take greater than 24 hours to complete each of stages 1-3. Each stage typically takes a minimum of 24 hours. *Stages 1-3 may be completed while an athlete is experiencing symptoms, however, symptoms should not increase more than 2 points on a scale of 1-10 during or after activity and should not last more than one hour.*					
1	Symptom-limited activity (such as walking or stationary bike) as prescribed by LHCP. Daily activities that do not exacerbate symptoms.	Perceived intensity/exertion: daily activity			
2A	Light aerobic exercise (Up to approx. 55% of max HR). May include light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.*	Perceived intensity/exertion: easy / light; increase HR			
2B	Moderate aerobic exercise. (Up to approx. 70% of max HR) May include light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.*	Perceived intensity/exertion: moderate / medium; increase HR			
3	Sport-specific agility drills in three planes of movement. These activities should pose no risk of head trauma (SUCH AS ballhandling, dribbling a soccer ball, etc).	Perceived intensity/exertion: moderate; change of direction and multiplane movement; increase head and eye movement			



Before advancing to STAGE 4, is the athlete now symptom-free at rest and with prescribed exercise? With cognitive exertion?

ATTN FIRST RESPONDERS: If the RTP has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of the SA through stage 3 electronically, by phone, or in person with the LHCP and that the SA was cleared to progress to stage 4. The supervising LHCP should then be contacted electronically, by phone, or in person when SA completes Stage 5.

FR Signature: _____ Date: _____

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STAGE	EXERCISE STRATEGY	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
4	Participate in non-contact training drills. Warm-up and stretch x 10 minutes. Intense sport-specific activity/ <u>non-contact practice</u> and agility drills x 30-60 minutes.	Perceived intensity/exertion: high/game speed; multiplane movement with coordination of multitasking and cognitive strain			
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
Resume full, unrestricted participation in competition.					

RETURN TO PLAY (RTP) PROTOCOL MONITORING

The individual who monitored the student-athlete's Return to Play Protocol must sign and date below when **stage 5 is successfully completed.**

By signing below, I attest that I have monitored the above-named student-athlete's return to play protocol through Stage 5.

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

Date

Please Print Name

RETURN TO PLAY

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress, and that the above-named student-athlete has successfully completed the required NCHSAA Concussion Return to Play Protocol through stage 5. By signing below, I give the above-named student-athlete consent to resume full participation in athletics without restriction.

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician-Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist, or Physical Therapist (Please Circle)

Date

Please Print Name

Parent / Legal Guardian Consent for Their Child to Resume Full Participation in Athletics

I am aware that the NCHSAA REQUIRES the consent of a child's parent or legal guardian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

Signature of Parent/Legal Guardian

Date

Please print name and relationship to student-athlete