Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070

503.682.6722 FAX 503.682.0960 http://www.osaa.org

CONCUSSION – RETURN TO PARTICIPATION MEDICAL RELEASE

Student Name: _____ **Date of Birth**: ___/___/___ **School/Grade**: _____

Date of Injury: ____ / ____ / ____ **Sport/ Injury Details**: _____

At this time, the student is:
- ☐ symptom-free at rest
- ☐ symptom-free at exertion
- ☐ scoring within a normal range on ImPACT
- ☐ NOT symptom-free at rest
- ☐ NOT symptom-free at exertion
- ☐ NOT scoring within a normal range on ImPACT

When ImPACT is utilized, please either attach or allow access to baseline and post concussive scores with percentiles.

Comments:_____

_____

Completed by (Printed name): _____ Signature: _____ Date: _____

☐ Registered Athletic Trainer ☐ Coach ☐ Athletic Director ☐ Other: _____

Graduated, Step-wise Return-to-Participation Progression

1. **No activity**: Complete rest, both physical and cognitive. This may include staying home from school or limiting school hours and/or homework as activities requiring concentration and attention may worsen symptoms and delay recovery.
2. **Light aerobic exercise**: Walking or stationary bike at low intensity; no weight lifting or resistance training.

Before progressing to the next stage the student must be healthy enough to return to school full time

3. **Sport-specific exercise**: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-contact training**: More complex drills in full equipment. Weight training or resistance training may begin.
5. **Full contact practice**: Participate in normal training activities.
6. **Unrestricted Return-to-Participation/full competition**. **(Earliest Date of Return-to-Participation**: _____)

The student should spend a minimum of one day at each step. If symptoms re-occur, the student must stop the activity and contact their trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the student may be told to rest for 24 hours and then resume activity one-step below where he or she was when the symptoms occurred. ***Graduated return applies to all activities including sports and PE classes.***

This section to be completed by Physician/Health Care Professional:

☐ Student **may NOT return** to any sport activity until medically cleared.

☐ Student should **remain home from school** to rest and recover with a projected return date _____

☐ Please **allow classroom accommodations,** such as extra time on tests, a quiet room to take tests, and a reduced workload when possible.

Additional Recommendations: _____

_____

☐ Student **may begin graduated return at stage circled above.** If symptom free at rest and with graded exertion, can return to participation on date above.

☐ Student is now **cleared for full contact practice/participation**: symptom free at rest and exertion and has completed a graduated Return-to-Participation protocol.

Physician/Health Care Professional Signature: _____ **Date**:_____

Physician/Health Care Professional Name/Title: _____**Phone**:_____

Per OAR 581-022-0421 "Health Care Professional" means a Physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners."

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The Oregon School Activities Associations' (OSAA) Medical Aspects in Sports Committee has developed a physician release form for students to return to participation following a concussion. The committee reviewed extensively the literature available on concussions in sport. No definitive data exists that allow us to absolutely predict when a student with a concussion can safely return to participation. We have found significant differences that exist among physicians relating to when they will permit a student to return to participation after having a concussion.

Neither the OSAA nor the Medical Aspects in Sports Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The committee does feel, however, that the guidelines included on the form represent a summary consensus of the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, students, and physicians that lead to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect students from further harm. Young students appear to be particularly vulnerable to the effects of concussion. They are more likely than older students to experience problems after concussion and often take longer to recover. Teenagers also appear to be more prone to a second injury to the brain that occurs while the brain is still healing from an initial concussion. This second impact can result in long-term impairment or even death. The importance of proper recognition and management of concussed young students cannot be over-emphasized.
2. Allow students to participate as soon as it is reasonably safe for them to do so.
3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms". Consistent use of these guidelines should minimize students from returning to participation too soon and protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when an student can or cannot participate. This should help the physician who may face incredible pressure from many fronts to return a student to competition ASAP. This can involve "Joe Blow who rides the bench" or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the latest consensus statements so physicians will understand that students must be symptom free at rest and exertion and complete a graduated return to participation. Returning students at an arbitrary date is not an option.
2. Inclusion of the date and nature of injury as well as earliest date to return to participation to minimize the need for a family to incur the expense of additional office visits to return for clearance after completing a graduated return to participation.
3. Inclusion of consensus statements and return to participation progression before returning the student to participation as discussed above. This should enhance the likelihood that all students are managed safely and fairly.
4. Inclusion of all of the components discussed has the potential to remove liability from a school making a medical decision. If a return to participation is questioned, the school's role could appropriately be only to see if the student can provide a fully completed medical release form allowing the student to return to participation.

Note to Physicians/Health Care Professionals: Please familiarize yourself with the "Summary and Agreement Statements of International Conferences on Concussion in Sport", from Vienna in 2001, Prague in 2004, and Zurich in 2008. These documents summarize the most current research and treatment techniques in head injuries. The most noteworthy items to come from these conferences are the discontinuation of initial symptom based grading scales and the addition of standardized return to participation guidelines.

Note: ImPACT stands for **Im**mediate **P**ost-Concussion **A**ssessment and **C**ognitive **T**est. It is sophisticated software developed to help sports-medicine clinicians evaluate recovery following concussion. ImPACT evaluates multiple aspects of neurocognitive functioning including memory, brain processing speed, reaction time, and post-concussive symptoms. For information on implementing a baseline-testing program, contact the Oregon Concussion Awareness & Management Program (OCAMP) at

Note: In 1990, the AMA recognized the certified athletic trainer as an allied health care professional. In 1998, a resolution passed urging all schools to provide the services of a certified athletic trainer for student-athletes (AMA Resolution 431, A-97). For more information on athletic trainers, contact Oregon Athletic Trainers' Society via their website: ***http://oatswebsite.org***.

This form may be reproduced, if desired. In addition, the OSAA Medical Aspects in Sports Committee would welcome comments for inclusion in future versions, as this will continue to be a work in progress.