



# UHSAA Concussion Instructions and Return to Sport Clearance Form

**To: Parent/Guardian:**

**From:** \_\_\_\_\_, **at** \_\_\_\_\_ **High School**

*Name of School Representative*

*Name of School*

\_\_\_\_\_  
*Position of School Representative*

\_\_\_\_\_  
*Phone Number of School Representative*

Your child/ward may have sustained a concussion, and by policy has been removed from play until he/she has been medically cleared to return to sport by a qualified health care professional.

It is not within our purview to dictate how or by whom your child/ward should be managed medically. The following have been adapted from guidelines published by the National Athletic Trainer’s Association and serve as general guidelines only for immediate management during the first 24 hours:

**It is OK to**

- Use acetaminophen (Tylenol) for headaches
- Use ice pack on head and neck as needed for comfort
- Eat a carbohydrate-rich diet
- Go to sleep
- Rest (no strenuous activity or sports)

**There is NO need to**

- Check eyes with flashlight
- Wake up frequently (unless otherwise instructed)
- Test reflexes
- Stay in bed

**Do NOT**

- Drink alcohol
- Drive a car or operate machinery
- Engage in physical activity (eg, exercise, weight lifting, physical education, sport participation) that makes symptoms worse
- Engage in mental activity (eg, school, job, homework, computer games) that makes symptoms worse

**Do Monitor for Significant Changes:**

Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:

- |   |   |
|---|---|
| Persistent or projectile vomiting             | Slurred speech or inability to speak                    |
| Unequal pupil size                            | Can’t recognize people or places – increasing confusion |
| Difficulty in being aroused                   | Weakness or numbness in the arms or legs                |
| Clear or bloody drainage from the ear or nose | Unusual behavior change – increasing irritability       |
| Continuing or worsening headache              | Loss of consciousness                                   |
| Seizures                                      |   |

**Improvement**

The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily, is that he/she is alert and behaving normally.

**Contact your health care provider**

Before returning to physical activities, contact your health care provider for evaluation. Use the attached form to help your health care provider determine if your child sustained a concussion and when your child/ward is fully recovered and able to resume normal activities, including sports.

Talk to your health care provider about the following:

- Management of symptoms
- Appropriate levels of school activity or the need for reducing academic coursework for a temporary period of time
- Appropriate levels of physical activity

**Return clearance form prior to returning your child to sport**

Before your child will be allowed to return to sport, you will need to return the attached “Concussion Return to Sport Clearance Form” signed by your care provider to the school.



## UHSAA Concussion Instructions and Return to Sport Clearance Form

### To: Health Care Provider (HCP)

This form has been developed in order to provide a uniform method for HCP to provide a written release for student-athletes to return to play after having suffered a concussion or having demonstrated signs, symptoms, or behaviors consistent with a concussion and having been removed from competition or practice as a result.

As of May 2011, Utah State Law requires that a child suspected of having sustained a concussion be removed from sporting events and prohibited from returning to play until that child has been evaluated by an appropriate HCP.

#### The law requires the following of the HCP:

- Provide the amateur sports organization with a written statement, stating that within 3 years before the day on which the written statement is made that they have successfully completed a continuing education course in the evaluation and management of concussion.
- Provide the amateur sports organization written clearance that the child is cleared to resume participation in the sporting event of the amateur sports organization

While this form does not presume to dictate to professionals how to practice medicine, the guidelines for return to play from a concussion do represent consensus expert opinion from national and world leaders in sport concussion management.<sup>1</sup> The components of this form are intended to address concerns of coaches, parents, student-athletes, administrators, and HCPs regarding written clearance from a HCP for a concussed student-athlete to return to play.

**In order to maintain compliance with the law, our organization requests that the HCP utilize this form in granting medical clearance to return to sporting events.**

**If the student-athlete is not yet appropriate to return to competition or advance through the return to sport protocol, do not fill out the clearance form. Rather, provide a separate written statement of this medical recommendation. Please consider using the last page on this document as a medical letter of support of academic accommodation.**

### RECOMMENDED PRINCIPLES IN CLEARING A STUDENT-ATHLETE TO RETURN TO SPORT

- *Recovery from concussion and progression through the Return-to-sport (RTS) stages is individualized and determined on a case by case basis.* Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity in which the student-athlete participates. Student-athletes with a history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- **It is expected that a student-athlete has successfully and completely reintegrated back to school prior to returning to competition**
- The health care provider providing clearance to RTS is encouraged to involve others in the management of the injury and subsequent decision making process, including the athletic trainer for the student's school, if available.
- The following table is adapted from the 6<sup>th</sup> International Conference on Concussion in Sport<sup>1</sup> and provides the framework for the return to sport protocol.
- It is expected that student-athletes will begin stage 1 activities after a modest period of 24-48 hours of rest. Under the guidance of a qualified HCP, symptom limited physical exertion may be started prior to reaching symptom free status.
- The patient may, under the direction of a HCP, progress through stage 3 even if not completely symptom free, as long as activities do not cause more than a mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity).



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- The patient should not progress to stage 4 or beyond until the assessment battery has normalized. The assessment battery may include any or all of the following:
  - a. Symptom assessment
  - b. Cognitive assessment with computerized or other appropriate neuropsychological assessment
  - c. Balance, gait, and vestibular/oculomotor assessment along with general neurologic examination.
- It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
- Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6, though the average time to unrestricted RTS is approximately 20 days.<sup>1</sup>
- There may be circumstances, based on an individual's concussion severity, where the return to sport protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional and other appropriate providers as available, such as the school's athletic trainer, if available.
- Each athlete with a concussion shall be personally evaluated by an appropriate HCP at least one time during this process.
- When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by an appropriate HCP or recognized concussion management program, a clearance may be obtained from the individual designated on this form if authorized by the managing HCP.
- A completed *Concussion Return to Sport Clearance Form* indicating the student is medically released to return to full competition shall be provided to school officials prior to a student who has been removed from a contest or practice for a suspected concussion, being allowed to return to sport.



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## GRADUATED RETURN TO SPORT (RTS) STRATEGY – Each step typically takes a minimum of 24 hours<sup>1</sup>

Step	Exercise Strategy	Activity at each step	Goal
1	Symptom-limited activity  Date Tested: _____	Daily activities that do not exacerbate symptoms (eg, walking).	Gradual reintroduction of work/school  Date Cleared: _____ Initial: _____
2	Aerobic exercise <b>2A—Light</b> (up to approximately 55% max HR) then  Date Tested: _____  <b>2B—Moderate</b> (up to approximately 70% max HR)  Date Tested: _____	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate  Date Cleared: _____ Initial: _____  Date Cleared: _____ Initial: _____
3	Individual sport-specific exercise, submaximal effort Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3  Date Tested: _____	Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment). <b>No activities at risk of head impact.</b>	Add movement, change of direction  Date Cleared: _____ Initial: _____
<b>Steps 4–6 should begin only after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion, and successful return to all academic activities.</b>			
4	Maximum effort, non-contact training drills  Date Tested: _____	Exercise to high intensity including more challenging training drills both alone and with teammates (eg, passing drills, multiplayer training)	Resume usual intensity of exercise, coordination and increased thinking  Date Cleared: _____ Initial: _____
5	Full contact practice  Date Tested: _____	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff  Date Cleared: _____ Initial: _____
6	Return to sport	Normal game play	
<p>*Mild and brief exacerbation of symptoms (ie, an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (ie, symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (ie, more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of readiness to RTP should be provided by an HCP before unrestricted RTP.</p> <p>HCP, healthcare professional; maxHR, predicted maximal heart rate according to age (ie, 220-age).</p>			

### References

1. Patricios, J. S., Schneider, K. J., Dvorak, J., et al. (2023). Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport-Amsterdam, October 2022. *British Journal of Sports Medicine*, 57(11), 695–711.



# UHSAA Concussion Instructions and Return to Sport Clearance Form

\_\_\_\_\_  
*Student/Athlete Name*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Name of School Representative\**

\_\_\_\_\_  
*Position of School Representative\**

\_\_\_\_\_  
*Phone Number of School Representative\**

\_\_\_\_\_  
*Date of Injury*

\_\_\_\_\_  
*Date of Initial Exam*

*\*The school representative is the individual from the school who provided this form to the student athlete and is familiar with the student/athlete and this incidence of injury. Ideally this person would be the school's athletic trainer, if available*

After reviewing the available medical facts, it is my opinion the above named athlete did NOT sustain a concussion on the date of injury noted and is medically released to return to play in the above sport.

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me. **The athlete has completed the return to play protocol including successful return to regular schoolwork activities and is cleared to return to competitive play as of this date.**

The above named athlete sustained a concussion on the date of injury noted and has been evaluated by me. **This athlete is not medically released for participation. Athlete may advance through return to play protocol (see page 3) under supervision of school designated personnel up to level 4 as tolerated but must be re-evaluated by me prior to participating in level 5 or 6 activities.**

The above named athlete did sustain a concussion on the date of injury noted, **has recovered but has not progressed through the return to play protocol.** The athlete is therefore medically released to continue to advance activities per the graduated return to play protocol (see table on page 3). **Ideally, the student-athlete's progress through the stages will be monitored by a licensed athletic trainer.** When a licensed athletic trainer is not available the athlete is to be monitored in their progress through each stage by a responsible adult who at a minimum:

- a. has been trained in the recognition of signs and symptoms of concussion
- b. will have consistent contact with the student/athlete
- c. and is familiar with the *Return to Play Protocol* and stages

The individual responsible for monitoring the progress of the student-athlete through the stages of the *Return to Play Protocol* should consult with the managing health care professional when necessary and shall consult (may be in person, by phone or e-mail) with the managing health care professional prior to the release of the student/athlete to return to play.

\_\_\_\_\_  
*Person responsible for monitoring progress*

\_\_\_\_\_  
*Date graduated return to play may begin*

I certify that I have consulted with the managing health care professional named on this form and have received a medical release from the managing health care professional for the athlete named herein to return to play in the sport indicated.

\_\_\_\_\_  
*Signature of person responsible for monitoring progress*

\_\_\_\_\_  
*Date step 5 completed asymptotically*

By signing this form the health care professional is certifying that, per Utah code, they are a licensed health care provider practicing within their scope of practice, and have within 3 years of this date completed a continuing education course in the evaluation and management of concussion. The signature invokes the condition checked above.

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date of medical clearance*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Health Care Professional Name (printed or typed)*

\_\_\_\_\_  
*Office phone*

\_\_\_\_\_  
*Health Care Professional Office Address*



# UHSAA Concussion Instructions and Return to Sport Clearance Form

Return to School Recommendations for \_\_\_\_\_, dated \_\_\_\_\_:  
*Student/Athlete Name Date*

In the early stages of recovery after a concussion, increased cognitive demands, such as academic coursework, as well as physical demands may worsen symptoms. Accordingly, a comprehensive concussion management plan will provide appropriate provisions for adjustment of academic coursework on a case by case basis. Recent guidelines have de-emphasized keeping students out of school for prolonged periods of time, and instead recommend a graded “return to learn” strategy that encourages student participation with appropriate course adjustments and/or accommodations.

Please ensure that teacher(s) and administrator(s) are aware of your injury and symptoms. School personnel should be instructed to watch for:

- Increased problems with paying attention, concentrating, remembering, or learning new information
- Longer time needed to complete tasks or assignments
- Greater irritability, less able to cope with stress
- Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

Until fully recovered, the following supports are recommended: (check or initial all that apply)

- May return immediately to school full time.
- Not to return to school. May return on (date) \_\_\_\_\_
- Return to school with supports as checked below. Review on (date) \_\_\_\_\_
- Shortened day. Recommend \_\_\_\_\_ hours per day until (date) \_\_\_\_\_
- Shortened classes (i.e., rest breaks during classes). Maximum class length: \_\_\_\_\_ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Reduce homework load by \_\_\_\_\_%.
- Maximum length of nightly homework: \_\_\_\_\_ minutes.
- No significant classroom or standardized testing at this time.
- No more than one test per day.
- Take rest breaks during the day as needed.
- Allow the student to leave class a few minutes early to avoid excessive stimulation from noisy hallways
- Other: \_\_\_\_\_

**Under no circumstances should a student-athlete be permitted to return to contact activities at practice or competition if they have not successfully reintegrated back to school, or if they are continuing to require extra accommodations in school that were not previously part of a student 504 or IEP plan.**

\_\_\_\_\_  
*Health Care Professional Signature*

\_\_\_\_\_  
*Date signed*

\_\_\_\_\_  
*Health Care Professional Name (printed or typed)*

\_\_\_\_\_  
*Office phone*

\_\_\_\_\_  
*Health Care Professional Office Address*